MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

0644

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton (Rural) | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Baltimore — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton
STREET ADDRESS (If rural give location): Joppa Road

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) H. (Last) AKEHURST

4. DATE OF DEATH: (Month) July (Day) 28th, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 12, 1886

9. AGE last birthday: 62 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Florist

11. BIRTHPLACE (State or foreign country): Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: C. Edward Akehurst

14. MOTHER'S MAIDEN NAME: Mary J. McCaulley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: --

17. INFORMANT: Mrs. E. H. Akehurst - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Heart block | 4 mos about |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic myocarditis | 2 yrs. |
| | (c) | |

422.2
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 14 1949, to July 28, 1949, that I last saw the deceased alive on July 25, 1949, and that death occurred at 3.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

A. M. Bacon M.D. | 2810 Taylor Ave | 7/28/49

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: July 31, 1949 | NAME OF CEMETERY OR CREMATORY: Camp Chapel Cemetery | LOCATION (City, town, or county) (State): Balto. Co., Md.

DATE REC'D BY LOCAL REG.: 7/28/49 | REGISTRAR'S SIGNATURE: A. M. Bacon

24. FUNERAL DIRECTOR: Lansdowne Funeral Home | ADDRESS: 7401 Belair Rd.

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

16465

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holbrook | LENGTH OF STAY (In this place) 2.5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holbrook
STREET ADDRESS (If rural, give location) Liberty Road

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| William | Thomas | Allen | July | 14 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| M | W | Married | 8/8/1876 | 72 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farmer Retired | | Md. | U. S. A. |

13. FATHER'S NAME: Charles H. Allen
14. MOTHER'S MAIDEN NAME: Caroline Lindsay

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | 218-03-4304 | Mrs Elizabeth Allen, Wife |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | 1 hour |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis & hypertension | |
| | (c) | |

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from ....., 1945, to 7/14/, 1949, that I last saw the deceased alive on 7/13/, 1949, and that death occurred at 6 a m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Wm. E. Martin | | Randalletown Md | 7/14/49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | July 16 1949 | Wards Chapel | Liberty Road | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/14/49 | Wm. E. Martin | C. Harry Keen | Sykesville, Md. |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

13C 16466

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 146 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 4702 Dunkirk Rd.,

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) I. (Last) BAKER

4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-28-1914

9. AGE last birthday: 34 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marine Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Graysonville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ira M. Baker

14. MOTHER'S MAIDEN NAME: Laura Pierson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WW-2

16. SOCIAL SECURITY No.: 215-03-4320

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Chronic Glomerular Nephritis | Approx. 6 Yrs. |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-, 1949, to 7-25-, 1949, that I last saw the deceased alive on 7-25-, 1949, and that death occurred at 3:47 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. L. Fleck
W. L. FLECK, M.D. Act. Chief Pro. Ser. VAH, Ft.Howard, Md. 7-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: July 28 '49

NAME OF CEMETERY OR CREMATORY: BALTO. NATIONAL

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 7/27/49

REGISTRAR'S SIGNATURE: A. W. Fleck

24. FUNERAL DIRECTOR ADDRESS: Witzke Funeral Home, Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 46467 — 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard, Md.
LENGTH OF STAY (in this place): 155 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 820 Hollins Street

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) R (Last) BATEMAN

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-22-1906

9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Cleaner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jessup, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Bateman

14. MOTHER'S MAIDEN NAME: Laura Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): PTE

16. SOCIAL SECURITY NO.: 217-07-7704

17. INFORMANT: Clinical Rec.Vets.Adm.Hosp.,Ft.Howard,Md.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) PULMONARY TUBERCULOSIS | UNKNOWN |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

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13

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1949, to 7-6, 1949, that I last saw the deceased alive on 7-6, 1949 and that death occurred at 7:50 P. m., from the causes and on the date stated above.

SIGNATURE: Charles E. Shan
(Degree or title): M.D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 7-7-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 11, 1949
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 7/8/49
REGISTRAR'S SIGNATURE: Mrs. Hebert

24. FUNERAL DIRECTOR: Blight Funeral Home — ADDRESS: 6009 Harford Rd.
Howard N. Blight Jr. Baltimore, Md.

06468

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 2 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md. | STREET ADDRESS (If rural, give location): 1634 S. Charles Street |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) REUBEN | (Middle) B. | (Last) BISHOP | 4. DATE OF DEATH | (Month) July | (Day) 22 | (Year) 1949 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 2-16-76 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watch Maker | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Fulton Co., Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13. FATHER'S NAME: George Bishop | 14. MOTHER'S MAIDEN NAME: Anna Belle Hass | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): SAW | 16. SOCIAL SECURITY No.: Unknown | 17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md. | | | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) CEREBRAL INFARCT | Unknown |
| 332 Antecedent cause(s) | | |
| 83c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) ARTERIOSCLEROSIS | Unknown |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from July 20, 1949, to July 22, 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 7:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. L. FLECK, M. D. W. L. Fleck VAH, FORT HOWARD, MARYLAND

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Mon., July 25 1949 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland |
| DATE REC'D BY LOCAL REG.: July 23rd 1949 | REGISTRAR'S SIGNATURE: R.W. | 24. FUNERAL DIRECTOR: A. Howard Evans | ADDRESS: 1400-02 S. Charles St. Baltimore 30, Maryland |

A. Howard Evans

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C6469

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oella
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 2214 Pleasant View Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mary Ellen Bond

4. DATE OF DEATH (Month) (Day) (Year): July 4, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-11-1864

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: William Bond, Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure — 24 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — Unknown

(c)

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97

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1949 to July 4, 1949, that I last saw the deceased alive on June 22, 1949, and that death occurred at 1004 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephen Lee Magness MD Catonsville, Md 7-5-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-7-49

NAME OF CEMETERY OR CREMATORY: Mt View

LOCATION (City, town, or county) (State): Howard Co. Md

DATE REC'D BY LOCAL REG.: 7/5/49

REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR ADDRESS: F. C. Higinbothom Ellicott City, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1949
BUREAU V. S.

06470

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 42

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Baltimore |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 Fourth Avenue | STREET ADDRESS (If rural, give location) 29 Fourth Avenue |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Thomas | (Middle) J. | (Last) Bounds | 4. DATE OF DEATH | (Month) July (Day) 6th, (Year) 1949 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower | 8. DATE OF BIRTH Aug. 18, 1863 | 9. AGE last birthday 85 yrs. | If under 1 year Months. Days; If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Repairman | 10b. KIND OF BUSINESS OR INDUSTRY B. & O.R.R. | 11. BIRTHPLACE (State or foreign country) Savage, Md. | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. FATHER'S NAME Joseph Bounds | 14. MOTHER'S MAIDEN NAME Alice Sakers | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs Beatrice Rieman, 29 4th Ave. Lansdowne | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis & decompensation — 1 year

433.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteries sclerosis — 10 yrs.

(c) Fibrillation — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION ✓ | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓ | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? ✓ |

22. I hereby certify that I attended the deceased from ....., 19 19, to July 6, 19 49, that I last saw the deceased alive on July 1, 1949, and that death occurred at 10 35 m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frederic V. Beetler | MD | 423 Medical Arts Bldg | July 7 - 49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 7/9/49 | Savage | Savage, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/8/49 | A. W. Hedrick DM | William Cook, Inc., 1217 St. Paul St. | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06471

Reg. Dist. No. 3e

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

**1. PLACE OF DEATH:**
County: Balto.
City or town: Pikesville Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 years.
Hospital, institution, or street address where death occurred:
Mt. Wilson Lane
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Mt. Wilson Lane
(If rural, give LOCATION)
2.(a) If veteran, name war: WORLD WAR #1

**3.(a) FULL NAME:** Hubert Lewis Bowen.

**3.(b) Social Security Number:**

| 4. Sex | 5. Color or race | 8.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | Married |

6.(b) Name of husband or wife: Anne Hansen Kamp. Bowen
6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): Aug 14. 1891

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 57 | 10 | 19 | ....hrs. ....min. |

9. Birthplace: Baltimore Co., Md. (Town, county, and state)
10. Usual occupation: President
11. Industry or business: Laundry Trays
FATHER 12. Name: Daniel E. Bowen
FATHER 13. Birthplace: Md.
MOTHER 14. Maiden name: Mary E. Johnson
MOTHER 15. Birthplace: Md.
16. Informant: Mrs. Anne H. Bowen
Address: Mt. Wilson Lane, Pikesville
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/6/49 (month) (day) (year)
Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.
18. Funeral director: WM. J. TICKNER & SONS
Address: Balto., Md.
19. 7-5 49 (Date rec'd by registrar) Dee Hodgson Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: July 3 1949 at 4 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1941, to July 3 1949 and that I last saw h— alive on July 3 1949.

| Immediate cause of death | DURATION |
|---|---|
| Coronary occlusion | 1/2 hour |
| Due to Arteriosclerosis | 5 years |
| Due to | |
| Other conditions H20.1 94a | |

(Include pregnancy within 3 months of death)
Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Palmer H. Wilson M.D. M. D. or other
Address: Pikesville 8- Md. Date signed: July 3-49

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

06472

Reg. Dist. No. 42

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne | LENGTH OF STAY (in this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3720 Balto St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto-
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne (Rosemont
STREET ADDRESS (If rural, give location) 3720 Balto.-St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| WM | HENRY | BREITENBACH | July | 4 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | White | married | Oct 24, 1871 | 77 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Carpenter | Construction | Hanover, Germany | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| August Breitenbach | Doretta Kister |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|
| National Guard none | none | Kathrine Breitenbach (wife) |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 1 mo. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive C-V. Disease | 1 yr. |
| | (c) | |

443 932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | none | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| none | none | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| none m. | | none. |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| D.D. Caples | Deputy Md. Exam M.D. | Reisterstown, Md | July 7 '49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | July 7 '49 | Loudon Park | Balto Md |

| DATE REC'D BY REG. | LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|---|
| 7/5/49 | | H-D Leidich | J.F. Bellehumeur & Son | 1300 Eutaw Pl. 17 |

9c.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): R. Donzelle Britton Jr.

2. DATE OF DEATH: JULY 17, 1949

3. PLACE OF DEATH:
A. ~~Baltimore City~~, Maryland TOWSON

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY BALTO
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RODGERS FORGE
D. STREET ADDRESS (If rural, give location) 113 DUNKIRK RD.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 13, 1914
9. AGE (In years last birthday): 34 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AIRCRAFT WORKER
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): BALTO. CO.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ROY DONZELLE BRITTON
14. MOTHER'S MAIDEN NAME: HAZEL GREEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give war or dates of service) W.W. II ARMY
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. RIDGELY BRITTON ADDRESS 204 E. JOPPA RD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid hemorrhage, traumatic (8-18-49 - ams)

DUE TO

983 ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

168 (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Homicide

INTERVAL BETWEEN ONSET AND DEATH: Only seen after death.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Towson, Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

Autopsy, Inspection or Inquiry

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 17 Jul 49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-17-49
24C. NAME OF CEMETERY OR CREMATORY: POPLAR HILL
24D. LOCATION (City, town, or county) (State): WARREN, MD.

DATE RECEIVED BY LOCAL REGISTRAR: 7/18/49
REGISTRAR'S SIGNATURE: H. W. Heduck
25. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO. ADDRESS 4905 YORK RD.

Evidence for addtion of #18 I & #18 II,
#21b, #21c shown on:

FILM No. G 121 AUG 24 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 06474 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 1
STREET ADDRESS (If rural, give location) 617 W. Mulberry St.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E. (Last) BROOKS

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-6-92

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd jobs

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sandy Brooks

14. MOTHER'S MAIDEN NAME: Letha Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) TUBERCULOSIS, PULMONARY — UNKNOWN

002 13 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to July 3, 1949, that I last saw the deceased alive on July 3, 1949, and that death occurred at 5:17 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. T. Fleck M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 7-5-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7/7/49 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county): Baltimore, Md (State)

DATE REC'D BY LOCAL REG. 7/6/49 | REGISTRAR'S SIGNATURE A.W. Hedrick | 24. FUNERAL DIRECTOR: Charles R. Law | ADDRESS: 802 Madison Avenue, Baltimore, Maryland

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH Bc

2411 N. Charles Street, Baltimore

06475

# CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft. Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore ✓
STREET ADDRESS (If rural, give location) 1710 Etting Street

3. NAME OF DECEASED (Type or Print): (First) ALEXANDER (Middle) (Last) BROWN

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-18-88

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A. Brown

14. MOTHER'S MAIDEN NAME: Sadie Kees

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 215-14-0210

17. INFORMANT: Clin.Rec.Vets.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Hemorrhage, massive secondary to — 45 Minutes

002
138

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Far Advanced bilateral tuberculosis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver — Approx. 2-1/2 Yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1949, to July 18, 1949, that I last saw the deceased alive on July 18, 1949, and that death occurred at 6:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

RCD. W. L. FLECK, M.D. W. L. Fleck VAH, FT. HOWARD, MD. 7-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/22/49 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 7/20/49 | REGISTRAR'S SIGNATURE A.W. Bedwell DM | 24. FUNERAL DIRECTOR ADDRESS Charles R.Law, 802 Madison Ave.,Balto.,Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH Re 06476

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY Balto. · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waters Back River

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. · COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore # 21
STREET ADDRESS (If rural, give location) 2309 Federal St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Irving | J. | Brown | July | 6 | 49 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | Jan 20/24 | 24 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Grocer | | Baltimore Md | |

13. FATHER'S NAME Meyer Brown
14. MOTHER'S MAIDEN NAME Bessie Meder

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | 218-05-0217 | Ida Brown 5507 Prince ave |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Drowning, accidental | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) went in water 7/5/49 | |
| 929.8 183 | (c) Body found 7/6/49 | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Patuxent River | (CITY OR TOWN) Edgemere | (COUNTY) Balto. | (STATE) Md

TIME OF INJURY (Month) July (Day) 5 (Year) 49 (Hour) 9:30 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

H. McLearnon M.D. Deputy Medical Examiner Balto Co. Dundalk 22 Md 7/6/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 6/49 | NAME OF CEMETERY OR CREMATORY Hebrew Herring Run Cem | LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. 7/7/49 | REGISTRAR'S SIGNATURE A W Hedrick Dr | 24. FUNERAL DIRECTOR | ADDRESS Sol Levenson Bro 1126 W North ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06477

Reg. Dist. No. 33-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Hampstead | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Joanne (Last) Bull

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: Jan. 15, 1949 | 9. AGE last birthday: yrs. If under 1 year: Months 5 Days 21 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Olen Leon Bull | 14. MOTHER'S MAIDEN NAME: Goldie Marie Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchio-Pneumonia — 3 days

491 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1949, to July 6, 1949, that I last saw the deceased alive on 7/6/49, 19....., and that death occurred at 8:00 P m. from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

C. M. Frances M.D. Parkton, Md. 7/7/49.

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

7/8/49 Stiltz Cemetery Stiltz, Penna.

DATE REC'D BY LOCAL REG. July 7 1949 | REGISTRAR'S SIGNATURE Chester L Freedon | 24. FUNERAL DIRECTOR ADDRESS

Jacob Markowitz

RECEIVED
JUL 20 19[illegible]
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

16478

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton, Md.
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton, Md.
STREET ADDRESS (If rural give location): Forge Rd. & Cross Rds.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| GEORGE | H. | BUTT | 7 | 1 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| male | white | widower | March 6, 1864 | 85 yrs. | 3 / 25 | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farmer | | Baltimore County, Md. | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Anthony Butt | Mary Unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give wer or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no | | Mr. Simon G. Butt Forge & Cross Rds. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis, coronary (Cardiac failure) — 5 days

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from June 27, 1949, to July 1, 1949, that I last saw the deceased alive on June 30, 1949, and that death occurred at 10 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Charles A. Sevigny | | 1 W Overlea Ave. | 7/1/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| burial | 7/5/49 | St. Joseph's | Fullerton, | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/2/49 | Walter [illegible] | Lanahan Funeral Home | 7401 Belair Rd. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

116479

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. Co. | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 4 yrs. | HOSPITAL OR INSTITUTION OR STREET ADDRESS 32 Mellor ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | STREET ADDRESS (If rural, give location) 32 Mellor ave.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) E (Last) Butlerfield

4. DATE OF DEATH: (Month) 7 (Day) 15 (Year) 1949

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: 6/19/1876 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY: Former wife | 11. BIRTHPLACE (State or foreign country): Phila. Pa. | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: ? Frazer | 14. MOTHER'S MAIDEN NAME: Margaret Hazlett.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT: Myrtle Stell

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix — Interval Between Onset and Death: 3 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20, 1945, to 7/19, 1949, that I last saw the deceased alive on 7/18, 1949, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Wilmer K. Gallagher M.D. | Catonsville 6-28, Md. | 7/21/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 7/22/49 | NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery | LOCATION (City, town, or county) (State): Balto. City

DATE REC'D BY LOCAL REG. 7/22/49 | REGISTRAR'S SIGNATURE: W E Harry

24. FUNERAL DIRECTOR | ADDRESS: Edward L MacNabb & Son, Catonsville Md.

VS. A15

RECEIVED
JUL 25 1949.
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

C6480

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay admitted
LENGTH OF STAY (in this place) 1-15-46
HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore, Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural, give location) Viaduct Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Grace (Last) Carroll

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1949

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Mar. 21, 1870
9. AGE last birthday 79 yrs. If under 1 year: Months 4 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Evergreen Baltimore Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Albert H. Carroll
14. MOTHER'S MAIDEN NAME Mary Pierce Cockrill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ------
17. INFORMANT Brother- Walter C. Carroll

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | One month |
| Antecedent cause(s) | (b) Hypertensive heart disease | Several years |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Generalized Arteriosclerosis | " " |

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1946, to July 22, 1949, that I last saw the deceased alive on Jan 21, 1949, and that death occurred at 12 25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lewis P. Tumbey M.D. ADDRESS Relay 27, Md. DATE SIGNED 7/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE July 23/49 NAME OF CEMETERY OR CREMATORY Green Mount Cem. LOCATION (City, town, or county) (State) Green Mount & North Aves

DATE REC'D BY LOCAL REG. 7/22/49 REGISTRAR'S SIGNATURE H. W. Hirsch Dr.
24. FUNERAL DIRECTOR John O. Mitchell & Sons ADDRESS 1900 Eutaw Place

1948
83

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

6481

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; LENGTH OF STAY (in this place) MARYLAND lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; STREET ADDRESS (If rural, give location) York Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Catherine (Last) Caines

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 20, 1865

9. AGE last birthday: 83 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaid

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Sparks Balto Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Royston

14. MOTHER'S MAIDEN NAME: Rachel Elizabeth Mayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs Lewin Rinkell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Nephritis - (Contra.)

592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1310 (b) Senility & Anemia -

(c)

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1949, to 7/24, 1949, that I last saw the deceased alive on 7/24, 1949, and that death occurred at 11 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilmer C. Ensor M.D. Cockeysville Md. 7/25/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 27 1949

NAME OF CEMETERY OR CREMATORY: Jessops

LOCATION (City, town, or county) (State): Sparks, Md

DATE REC'D BY LOCAL REG. 7/25/49

REGISTRAR'S SIGNATURE: Wilmer C. Ensor

24. FUNERAL DIRECTOR: Landon M. Brooks ADDRESS

VS. A15

RECEIVED
JUL 28 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

P6482

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto Co — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 28
HOSPITAL OR INSTITUTION OR STREET ADDRESS #5 Ingleside ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Md.
STREET ADDRESS (If rural, give location) 5 Ingleside ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E (Last) Clingman

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1949

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: 3/11/1898 — 9. AGE last birthday: 51 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic — 10b. KIND OF BUSINESS OR INDUSTRY: Home — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: James E Harman Jr. — 14. MOTHER'S MAIDEN NAME: Florence Gill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Richard B. Clingman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 10 min.

Antecedent cause(s)

416 956 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr. Rheumatic Heart Disease — 15 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Osteo. arthritis — 16 yr.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-21, 1948, to 7-1, 1949, that I last saw the deceased alive on 6-30, 1949, and that death occurred at 12.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wilmer K. Gallagher M.D. Catonsville, Md. 7-2-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/5/49 — NAME OF CEMETERY OR CREMATORY: Meadow Ridge — LOCATION (City, town, or county) (State): Elkridge Md

DATE REC'D BY LOCAL REG. 7/4/49 — REGISTRAR'S SIGNATURE: V E Harry — 24. FUNERAL DIRECTOR — ADDRESS: Mac Nabb-Sons

VS. A15

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

16483

Reg. Dist. No. 30

1. PLACE OF DEATH- COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): since Feb, 15 1928
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) G. (Last) COFFIN Jr.

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 49 19

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: about unknown 1890

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Mamie Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital records; Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 9311 Immediate cause | (a) Cardiac failure | one day |
| Antecedent cause(s) | | |
| 191 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Heat stroke | two days |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | C. N. S. Lues | indef. |

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN): (COUNTY): Balto Co (?) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15/28, 19....., to 7/31/49, 19....., that I last saw the deceased alive on 7/30/49, 19....., and that death occurred at 12:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Abraham M. Schneidmuhl, M. D. ADDRESS: Spring Grove Hospital DATE SIGNED: 7/31/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug 3/49 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG.: 8/1/49 — REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: Ullrich Funeral Home — ADDRESS: 2008 Orleans

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

116484

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 17yrs, 11 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| FANNIE | | COHEN | July | 1 | 19 49 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | single | 1/5/1878 | 71 yrs. | 6 | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| None | None | North Carolina | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Morris Cohen | Rebecca ---------- |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | ----- | Hospital Records |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Cardiac Failure | ½ hr. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardio-vascular renal disease | Indef. |
| 442 131a | (c) Dermatatis, both legs on basis of chronic hemastasis. | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from July 18, 1931, to July 1, 1949, that I last saw the deceased alive on July 1, 1949, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) M.D. ADDRESS Spring Grove State Hospital Catonsville-28, DATE SIGNED 7-2-49

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| burial | 7/3/49 | Mt. Olivet Shalom | Balto Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/3/49 | V E Harvey | Jack Lewis Jr | 2100 Eutaw Pl |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

16485

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Julie Valley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Brooklandville; STREET ADDRESS (If rural, give location) Valley Rd. nr. Stevenson Rd.

3. NAME OF DECEASED (Type or Print): (First) SISTER MARY AQUINAS (Middle) MARGARET (Last) E. COLBY

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 20 1867

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Brooklyn, N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James M. Colby

14. MOTHER'S MAIDEN NAME: Mary Cogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Villa Julie Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — Interval Between Onset and Death: 3 days

490

Antecedent cause(s)

108

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to July 2, 1949 that I last saw the deceased alive on July 1, 1949, and that death occurred at 5:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold H Burns. 529 N. Charles St Baltimore Md July 3 '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 7-4-49

NAME OF CEMETERY OR CREMATORY: Convent Cem.

LOCATION (City, town, or county) (State): Ilchester Md.

DATE REC'D BY LOCAL REG. 7/6/49

REGISTRAR'S SIGNATURE: M. E. Nichols

24. FUNERAL DIRECTOR: George A Farley

ADDRESS: Catonsville, Md

RECEIVED
JUL 13 1949
BUREAU, V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06486

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pinehurst
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6304 Pinehurst Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pinehurst
STREET ADDRESS (If rural, give location): 6304 Pinehurst Rd.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) BENJAMIN (Last) COSTER, Sr.

4. DATE OF DEATH: (Month) July (Day) 22, (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 22, 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Agent

10b. KIND OF BUSINESS OR INDUSTRY: Steel

11. BIRTHPLACE (State or foreign country): Coster, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jesse Amos Coster

14. MOTHER'S MAIDEN NAME: Bafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World #1

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Florence N. Coster 6304 Pinehurst Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arter. Sclerosis — Interval Between Onset and Death: unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from (dead on Arrival), 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John L. Green M. D. Lawson-4-md. County Medical Examiner 7/23/49.

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 7/25/49
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Bethelehem, Pa.

DATE REC'D BY LOCAL REG. 7-25-49
REGISTRAR'S SIGNATURE: A. W. Yeduck

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

06487

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 804 Hollins Street

3. NAME OF DECEASED (Type or Print) (First) LOUIS (Middle) (Last) CRIPES
4. DATE OF DEATH (Month) July (Day) 8 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 6-25-95
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lithuania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Louis Cripes
14. MOTHER'S MAIDEN NAME Rose Nerkus
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 195-05-9680
17. INFORMANT Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) ACUTE AND CHRONIC ALCOHOLISM | Unknown |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

322.1
77d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. McCarmine M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 7/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/12/49
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 7/11/49
REGISTRAR'S SIGNATURE A. W. Hoerich
24. FUNERAL DIRECTOR C. William Kachauskas, Jr. ADDRESS 637 Wash.Blvd. Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

P6488

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL RANDALLSTOWN; LENGTH OF STAY (in this place) 6 MONTHS; HOSPITAL OR INSTITUTION OR STREET ADDRESS WINANS ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jersey City; STREET ADDRESS (If rural give location) 295 Bergen Ave.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| JEAN | McPHERSON | DAVIES | JULY | 27, | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| FEMALE | WHITE | MARRIED | MARCH 3, 1879 | 70 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Home | SCOTLAND | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| PETER McPHERSON | KATHERINE |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| NO | | DAUGHTER - MRS. CLOUGH. Winans Rd. Randallstown |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) UREMIA | TWO WEEKS |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) HYPERTENSIVE CARDIO-VASCULAR DISEASE | |
| | (c) | |

443

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from FEB. 2, 1949, to JULY 27, 1949, that I last saw the deceased alive on JULY 27, 1949, and that death occurred at 10 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Edwin L. Pierpont | M.D. | 8027 LIBERTY ROAD, BALTO. 7, Md. | |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 7/30/49 | Mt. Olive Cem | Randallstown Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/29/49 | C. W. Hedrick | WM. J. TICKNER & SONS | Balto., Md. |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

66489

Reg. Dist. No. 42

**1. PLACE OF DEATH:**

County ~~A. A.~~ Co. Baltimore

City or town ..... (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: 4229 Annapolis Rd.

How long in hospital or institution? .....

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State Md. County ~~A. A.~~ Co. Baltimore

City or town ..... (If outside city or town limits, write RURAL and give nearest town)

Street No. 4229 Annapolis Rd. (If rural, give LOCATION)

2.(a) If veteran, name war .....

**3. (a) FULL NAME** Ella M. Delker

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | W. | Widow |

6.(b) Name of husband or wife late Irvin J. Delker

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1895

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 53 | 9 | 20 | ..... hrs. ..... min. |

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual occupation H. W.

11. Industry or business

FATHER
12. Name Richard Hardesty
13. Birthplace Unknown

MOTHER
14. Maiden name Emma Murr
15. Birthplace Unknown

16. Informant Mrs. Dorothy Burns (Daughter)

Address 4229 Annapolis Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 1/49 (month) (day) (year)

Cemetery or crematory Western

Location Edmondson Av.e & Longwood Sts. Balto.Md.

18. Funeral director Harry H. Nintzfe

Address 4101 Edmondson Ave.

19. 7/29 1949 (Date rec'd by registrar) A. W. Hedrick Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1949, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1949, to July 28 1949 and that I last saw her alive on July 27 1949

| Immediate cause of death | DURATION |
|---|---|
| Carcinoma of Liver | 6mo |
| Due to | |
| Due to 156 | |
| 46 f | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Paul Schonfeld M.D. M. D. or other

Address 2301 Annapolis Rd. Date signed 7.29.49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06490

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 17 yrs. 10 mths 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, Md.
STREET ADDRESS (If rural give location) 1708 N. Port Street

3. NAME OF DECEASED (Typo or Print): (First) Fredericka (Middle) Devilbiss (Last)

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 9-29-1876

9. AGE last birthday: 72 yrs. If under 1 year: Months 9 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Ford

14. MOTHER'S MAIDEN NAME: Aubra Kraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Bronchopneumonia, bilateral lower | 1 day |
| 443 Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive cardiovascular disease | indefinite |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hirschsprung's Disease — life

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE / INJURY (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-5-31, 19..., to 7-1-49, 19..., that I last saw the deceased alive on 7-1-49, 19..., and that death occurred at 8:57 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clinical Director, Spring Grove Hospital, Baltimore 28, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 7-13-49
NAME OF CEMETERY OR CREMATORY: Spring Grove State Hospital
LOCATION (City, town, or county) (State): Catonsville 28, Md.

DATE REC'D BY LOCAL REG. 7/13/49
REGISTRAR'S SIGNATURE: W. E. Harvey

24. FUNERAL DIRECTOR: Spring Grove Hospital, Catonsville 28, Md.
ADDRESS

RECEIVED
JUL 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

66491

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 66 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5500 Wesley Avenue

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) (Also known as) (DITZELL) (Last) DITZEL

4. DATE OF DEATH (Month) July (Day) 16, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH ~~7-1-67~~ 7/18/67
9. AGE last birthday ~~82~~ 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Paper & Retired Policeman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ann Arundel Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Ditzel
14. MOTHER'S MAIDEN NAME Florentine Westerfield - Wurstafelt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. (If year, give war or dates of service) SAW
16. SOCIAL SECURITY NO. 217-16-0632
17. INFORMANT AND ADDRESS Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: Unknown

150 Antecedent cause(s)

46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11-, 1949, to 7-16, 1949, that I last saw the deceased alive on 7-16-, 1949, and that death occurred at 3:25 A. m., from the causes and on the date stated above.

SIGNATURE W. H. Heath — (Degree or title) W. H. HEATH, M.D. — ADDRESS VAH, FT. HOWARD, MD. — DATE SIGNED 7-16-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE July 19, 1949 — NAME OF CEMETERY OR CREMATORY Lorraine Cemetery — LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 7/18/49 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR Willis Lamoreau — ADDRESS Lamoreau Funeral Home, Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

06492

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 38

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, Md. — LENGTH OF STAY (in this place) 30 yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, Md. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural give location) 214 Murdock Road |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) SAMUEL | (Middle) CHAMBERS | (Last) DODSON | 4. DATE OF DEATH | (Month) July | (Day) 3rd, | (Year) 1949 |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower | 8. DATE OF BIRTH March 20, 1869 | 9. AGE last birthday 80 yrs. | If under 1 year Months 3 | Days 13 | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Watchmaker | 10b. KIND OF BUSINESS OR INDUSTRY Own Business | 11. BIRTHPLACE (State or foreign country) Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13. FATHER'S NAME George W. Dodson | 14. MOTHER'S MAIDEN NAME Casey | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mr. Garland C. Dodson | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Heart Failure, acute | 1 day |
| 422.1 Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic myocarditis | 3 years |
| | (c) Arteriosclerosis | 3 years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from January 4, 1947, to July 3, 1949, that I last saw the deceased alive on May 24, 1949, and that death occurred at 12:15A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Michael J. Dausch M.D. | | 4636 Belair Road | July 4, 1949 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) burial | DATE 7/6/49 | NAME OF CEMETERY OR CREMATORY Parkwood | LOCATION (City, town, or county) Baltimore, (State) Md. |
| DATE REC'D BY LOCAL REG. 7/5 | REGISTRAR'S SIGNATURE L. A. W. Hedrich | 24. FUNERAL DIRECTOR Lassahn Funeral Home | ADDRESS 7401 Belair Rd |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

4636 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

not BC

06493

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beaver Dam Quarry

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Washington
STREET ADDRESS (If rural, give location) 6103 Falls Rd Balto City 9

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Anthony (Last) Dorsey

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 10, 1893
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Riggs Distilla
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Dorsey
14. MOTHER'S MAIDEN NAME Mary Anne Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. 213-10-7454
17. INFORMANT Wm J. Dorsey 4016 Falls Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxiation by drowning, accidental — Sudden 7/17/49

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Beaver Dam (COUNTY) Balto. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7/17 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson (Degree or title) ADDRESS D.M.E. Towson Md. DATE SIGNED 7/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 20, 1949
NAME OF CEMETERY OR CREMATORY National Cem. Baltimore
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 7-19-49
REGISTRAR'S SIGNATURE L. W. Hedrich
24. FUNERAL DIRECTOR William Cook, Inc. ADDRESS 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

16494

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson; LENGTH OF STAY (in this place) 9 mo. 20days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital Mt. Wilson, Md. | STREET ADDRESS (If rural, give location) 2229 E. North Ave. |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Dny) | (Year) |
|---|---|---|---|---|---|
| Edward | John | Dreher | July | 10 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months. | Days | If under 24 hrs. Hours | Mln. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Separated | 11/11/1894 | 54 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Watchman | | Camden, N. J. | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Edward J. Dreher | Eva Boud |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| Unknown | 214-03-0122 | Edward John Dreher |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | 10 years |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| 002 138 | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| No operation | | Yes ☐ No ☒ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 9/20, 1948, to 7/10, 1949, that I last saw the deceased alive on 7/10, 1949, and that death occurred at 8:20 A m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Stewart S Shaffer M.D. | Mt. Wilson, Md. | 7/10/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 7/13/49 | Wash. Nat'l. Cemetery | Suitland, Pr. Geo. Co., Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/10/49 | Helen R. Mayer | W. W. Chambers Co., | Riverdale, Md. |

RECEIVED
JUL 15 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

6495

Reg. Dist. No. 30

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 28 Cedarwood Road

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Md County: Balto

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

Street No. 28 Cedarwood Rd (If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** Catherine T Druschler (DRUSHLER)

**3.(b) Social Security Number**

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Franklin C

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 28 1864

**8. AGE:** Years 84 Months 10 Days 11 If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER 12. Name: Joseph Thumm

13. Birthplace: Md

MOTHER 14. Maiden name: Sanger

15. Birthplace: (DRUSHLER)

16. Informant: Miss Edwina Druschler

Address: 28 Cedarwood Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-12-49 (month) (day) (year)

Cemetery or crematory: Cathedral

Location: Baltimore Md

18. Funeral director: Guy A Finley

Address: Catonsville

19. 7-12- 1949 (Date rec'd by registrar) V E Harry Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: July 9 1949, at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 1948 to July 9 1949 and that I last saw her alive on July 9 1949

| Immediate cause of death | DURATION |
|---|---|
| Pulmonary Oedema | 1 day |
| Due to Carcinoma of the Caecum | 11 Mos |
| Due to | |
| Other conditions | |

153
46e

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: James H Katzenberger M. D. or other

Address: 721 Medical Arts Bldg Date signed 7/11/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 14 1949
BUREAU V. S.

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I)

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

06496

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
STREET ADDRESS (If rural, give location) Old Court Rd.

3. NAME OF DECEASED (Type or Print) (First) Wm (Middle) GARFIELD (Last) DUGANS JR.
4. DATE OF DEATH (Month) July (Day) 18 (Year) '49
5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug 30, 1932
9. AGE last birthday 16 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Chicken Farm
11. BIRTHPLACE (State or foreign country) Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm Garfield Dugans
14. MOTHER'S MAIDEN NAME Virgie Lee Doffmyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) national Guard. (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. 216-28-5005
17. INFORMANT Wm G. Dugans.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Electrocuted - accidental | 5 min |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

914.1
193

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Chicken House
(CITY OR TOWN) Randallstown (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) July (Day) 18 (Year) 1949 (Hour) 3:15 P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Was drilling c̄ electric drill & electrocuted himself.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples med Exam (Degree or title) M.D. ADDRESS Reisterstown, Md DATE SIGNED 7-20-'49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/21/49
NAME OF CEMETERY OR CREMATORY Granite Presbyterian
LOCATION (City, town, or county) Granite. Md (State)
DATE REC'D BY LOCAL REG. 7/21/49
REGISTRAR'S SIGNATURE A.W. Hedrick Dor
24. FUNERAL DIRECTOR Frank H. Newell ADDRESS Pikesville Md.

1949
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P6497

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin P.O. — LENGTH OF STAY (In this place) 19 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin P.O. Rural
STREET ADDRESS (If rural, give location) Paper Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) — (Last) Dungee
4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1949

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Apr 5 1898
9. AGE last birthday: 51 yrs.
If under 1 year: Months — Days
If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Farmville, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Kenneth Marshall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Heart disease, chronic myocarditis, decompensated | 1946 |
| 422.2 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) with acute failure | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, ~~Inquiry~~ ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin C. Hudson — (Degree or title) M.D. — ADDRESS D.M.E. — DATE SIGNED 7/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF July 25 1949 — NAME OF CEMETERY OR CREMATORY Jessops — LOCATION (City, town, or county) Sparks, Md (State)

DATE REC'D BY LOCAL REG. 7/25/49 — REGISTRAR'S SIGNATURE Anna Pearce Bruce — 24. FUNERAL DIRECTOR Landon M. Brooks — ADDRESS

RECEIVED
Aug 27 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Bc 06498

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 35 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 726 Mt. Holly Street

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) George (Last) EBERT
4. DATE OF DEATH (Month) July (Day) 11, (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-21-81
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship Construction
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chatanooga, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Ebert
14. MOTHER'S MAIDEN NAME Catherine Koch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) SAW
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Clin.Rec.Vets.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Oat cell carcinoma of lung with metastases | Unknown |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

162
47d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6-, 1949, to 7-11-, 1949, that I last saw the deceased alive on 7-11- 1949, and that death occurred at 5:35 A m., from the causes and on the date stated above.

SIGNATURE W.L. FLECK, M.D. (Degree or title) W.L. Fleck
ADDRESS VAH, FT. HOWARD, MD.
DATE SIGNED 7-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/14/49
NAME OF CEMETERY OR CREMATORY Lorraine Park
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 7/12/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons, Balto., Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

66499

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Fusting Ave. Home in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 36 N. Prospect Ave.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| ELIZABETH | GRACE | EDWARDS | July 21, 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Single | Jan. 23, 1883 | 66 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Nurse | Practical nursing | -- Va. | |

13. FATHER'S NAME: Thomas A. Edwards

14. MOTHER'S MAIDEN NAME: Sally Ann Jett

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| -no | none | Mrs. Charles W. Neal 36 N. Ptospect Av |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis | 48 hrs |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma of G.I. Tract | 3 months |
| 159 46m | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 6. 13, 1949, to 7. 21, 1949, that I last saw the deceased alive on 7-21, 1949, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Hoon M.D ADDRESS 803 3rd Rd Balto 28 Md DATE SIGNED 7-21-49

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 7/22/49 | Roseland Cem. | Reedville, Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/22/49 | R. W. Hoench | WM. J. TICKNER & SONS | Balto., Md. |

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

06500

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 1 yr. 1 mo. 15 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) Seton Institute

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) Fiedler

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 1864
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework
10b. KIND OF BUSINESS OR INDUSTRY domestic
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cardiac decompensation | 5 days |
| 443 Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive cardiovascular disease | Indef. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1948, to July 27, 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS DATE SIGNED
Isadore Tuerk, M.D., Clinical Director. Catonsville-28-Md. Aug. 5, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE 8-15-49
NAME OF CEMETERY OR CREMATORY Spring Grove Hospital
LOCATION (City, town, or county) (State) Catonsville 28, Md.

DATE REC'D BY LOCAL REG. 8/15/49
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Spring Grove State Hospital ADDRESS

RECEIVED
AUG 16 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

16501

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Alta Vista York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) Alta Vista - York Road

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) M. (Last) FIROR

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 12, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Martin L. Pattison

14. MOTHER'S MAIDEN NAME: Fannie M. Chamberlain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr. Martin Pattison - Alta Vista, Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary disease - Ovarian Carcinoma

(c)

175
49a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from January, 1949, to July 10th, 1949, that I last saw the deceased alive on July 10, 1949, and that death occurred at 1:30A m., from the causes and on the date stated above.

SIGNATURE Jack J. Singer (Degree or title) M.D. ADDRESS 506 E. North Ave DATE SIGNED 7-11-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE 7-13-49; NAME OF CEMETERY OR CREMATORY Cathedral; LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 7/13/49; REGISTRAR'S SIGNATURE W. Carroll Van Horn, Deputy Local

24. FUNERAL DIRECTOR George A. Farley ADDRESS Catonsville, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06502

Reg. Dist. No. 38

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

1. PLACE OF DEATH: COUNTY 8708 Wilson Ave — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville, Balto Co — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 8826 Victory Ave

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Forlifer

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov 18, 1872

9. AGE last birthday: 76 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Eckert

14. MOTHER'S MAIDEN NAME: Christina Siple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Arthur C Forlifer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HEPATIC INSUFFICIENCY — 3 days

174 Antecedent cause(s) (b) GENERALIZED ABDOMINAL METASTASES — 6 mos

484 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) CARCINOMA OF UTERUS, INOP. — 5 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIVERTICULOSIS OF SIGMOID — 5 YEARS

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1949, to 7/29, 1949, that I last saw the deceased alive on 7/27, 1949, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Hirschfeld M.D 6919 Harford Rd Baltimore, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: August 1, 49 | NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 8-1-49 | REGISTRAR'S SIGNATURE: W. W. Hedrick

24. FUNERAL DIRECTOR: Wm Cook Inc | ADDRESS: 1217 St Paul St. Balto, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06503

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 512 Register Rd. | LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carmacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) Church St.

3. NAME OF DECEASED (Type or Print) (First) Lydia (Middle) E (Last) Fornwalt
4. DATE OF DEATH (Month) July (Day) 22 (Year) 1949

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | W | Married | 1873 | 76 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James Wampler
14. MOTHER'S MAIDEN NAME Mary Katharine Horner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Arlie W. Wampler Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Rectum — INTERVAL BETWEEN ONSET AND DEATH

154 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
46d (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to July 22, 1949 that I last saw the deceased alive on July 21, 1949 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Denis J. McGrath (Degree or title) ADDRESS DATE SIGNED 7/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 26-1949
NAME OF CEMETERY OR CREMATORY Westminster Cem.
LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 7-23-49
REGISTRAR'S SIGNATURE Mary B. Eline.
24. FUNERAL DIRECTOR H Bankard Son ADDRESS Westminster Md.

RECEIVED
JUL 29 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06564

# CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 Cleveland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 216 Cleveland Ave.

3. NAME OF DECEASED (Type or Print): (First) Hugo (Middle) C. (Last) Foudila

4. DATE OF DEATH: (Month) July (Day) 1, (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Dec. 16, 1879

9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Finland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Oscar Foudila

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 5th Inf. M.N.G. (If year, give war or dates of service) 1930-1933

16. SOCIAL SECURITY NO.

17. INFORMANT: Olga E. Foudila

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 6 mos.

002 Antecedent cause(s)

130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1949 to July 1, 1949, that I last saw the deceased alive on July 1, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Eugene R. Evans MD | 1 Liberty Parkway | July 1, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE July 5, 1949 | NAME OF CEMETERY OR CREMATORY Grandview Cemetery | LOCATION (City, town, or county) Monessen, Pa. (State)

DATE REC'D BY LOCAL REG. July 2-1949 | REGISTRAR'S SIGNATURE Wm. M. Keely Jr.

24. FUNERAL DIRECTOR Roland L. Fisher | ADDRESS Dundalk, Md

RECEIVED
JUL 5 1949
BUREAU V. S.

1849
86

06505

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville (Rural) — LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Warren Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville (Rural)
STREET ADDRESS (If rural, give location): Warren Road

3. NAME OF DECEASED (Type or Print): (First) Phillip (Middle) Edward (Last) Frantz Sr.
4. DATE OF DEATH: (Month) 7 (Day) 20 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH: Nov. 12, 1866
9. AGE last birthday: 83 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Const.
11. BIRTHPLACE (State or foreign country): Balto Co., Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John M. F. Frantz
14. MOTHER'S MAIDEN NAME: Annie Sutz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Wilson Frantz, Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Nephritis - (Coma) — 5 yrs -

4222 Antecedent cause(s)

131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 5 yrs -

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1940, to July 20, 1949, that I last saw the deceased alive on 7/20, 1949, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE: Wilmer C. Ensor (Degree or title) M.D. — ADDRESS: Cockeysville Md. — DATE SIGNED: 7/20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7-23-49 — NAME OF CEMETERY OR CREMATORY: Poplar Grove — LOCATION (City, town, or county) (State): Cockeysville, Md

DATE REC'D BY LOCAL REG.: 7-21-49 — REGISTRAR'S SIGNATURE: Wilmer C. Ensor — 24. FUNERAL DIRECTOR — ADDRESS: Landon M. Brooks, Sparks, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

66506

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4yr-5mo-18da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 825 Appleton Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Mary | P. | FROLICH | 7 - | 12 - | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| female | white | Widowed | 10-21-1863 | 85 yrs. | 8 | 21 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| housewife | home | Pennsylvania | USA |

13. FATHER'S NAME: Samuel Brown

14. MOTHER'S MAIDEN NAME: Marie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Lobar Pneumonia - L. base. | 6 da |
| 903.7 / 186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Intertrochanteric Fracture - L. Hip. | 12 days. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis 5 yrs. Arteriosclerotic Hypertensive C-V. Disease 5 yrs.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None. | None. | Yes ☐ No ☒ |

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital. (CITY OR TOWN) Spring Grove State Hosp. (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) June 30 '49. 11:30 P. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Was walking down hall & fell

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| D. D. Eagles Med Exam | M.D. | Reisterstown, Md. | 7-12-'49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | JULY 14, 1949 | LOUDON PARK CEMETERY | BALTO., MARYLAND |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/13/49 | A. W. Hedrick | WM. J. TICKNER & SONS | BALTO., MD. |

06507

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Merrill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 2 Merrill Rd

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) B. (Last) Fulton

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH May 10/1901
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Herbert W Winters
14. MOTHER'S MAIDEN NAME Anna Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William C Fulton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cardiac failure

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo. W. Kieffer MD Deputed Exam Balto Co 1010 Leeds ave 7-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 30/49
NAME OF CEMETERY OR CREMATORY St Johns Cem
LOCATION (City, town, or county) (State) Ellicott City

DATE REC'D BY LOCAL REG. 7/29/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Ullrich Funeral Home 2008 Orleans St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

06508

Reg. Dist. No. 38

**1. PLACE OF DEATH:**

County Baltimore County

City or town Towson (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs.

Hospital, institution, or street address where death occurred: (Mission Helpers Convent)

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State Md. County Balto.

City or town Towson (If outside city or town limits, write RURAL and give nearest town)

Street No. 1001 W. Joppa Rd. (If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** Sister Mary Columba (Elizabeth Mary Gavigan

**3.(b) Social Security Number**

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

9.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1878

**8. AGE:** Years 70 | Months 7 | Days 23 | If less than one day ... hrs. ... min.

9. Birthplace Ireland (Town, county, and state)

10. Usual occupation Nun

11. Industry or business Convent

FATHER 12. Name Michael Gavigan

13. Birthplace Ireland

MOTHER 14. Maiden name Bridget Hanley

15. Birthplace Ireland

19. Informant Sisters of the Mission

Address Helpers of the Sacred Heart Towson Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-18-49 (month) (day) (year)

Cemetery or crematory Cemetery of Convent

Location 1001 W. Joppa Rd. Towson, Md.

19. Funeral director C. Vernon Lemmon

Address 4611 Park Heights Ave.

19. July 17 1949 (Date rec'd by registrar) W. Carroll Van Horn County Local Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1949, at 10:37 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1948, to July 1949 and that I last saw her alive on July 15 1949

Immediate cause of death: Cerebral Hemorrhage — DURATION: 2 Days

Due to: Hypertensive Cardiac Renal Vascular Disease — 10 years

Due to

Other conditions

442 131a (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles F. O'Donnell M.D. M. D. or other

Address 7301 York Rd Towson Date signed 7/16/49

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 22 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 06509

# CERTIFICATE OF DEATH

Reg. Dist. No. 4X

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 42 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 31 S. Highland Avenue

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) G. (Last) GEIGLEIN
4. DATE OF DEATH (Month) July (Day) 1, (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-24-1872
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (Retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Sebastian Geiglein
14. MOTHER'S MAIDEN NAME Barbara Loeffler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) SAW
16. SOCIAL SECURITY NO. 212-01-5919
17. INFORMANT Clin.Rec.Vets.Adm.Hosp.FT.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) PULMONARY EMPHYSEMA | Unknown |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

527.1
113

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ATELECTASIS — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20-, 1949, to 7-1-, 1949, that I last saw the deceased alive on 7-1-, 1949, and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 7-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-5-49
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. July 2nd 1949
REGISTRAR'S SIGNATURE R.W. H. W. Hedrick
24. FUNERAL DIRECTOR Leonard J. Ruck
ADDRESS 5305 Harford Road Baltimore, Maryland

JM.

YEAR OF BIRTH CHANGED TO 1893 thru doctor's letter filmed G120 8-8-49 L

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06510

# CERTIFICATE OF DEATH

Reg. Dist. No.

M

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Heber

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 78 Yorkway

3. NAME OF DECEASED (Type or Print) (First) Heber (Middle) T (Last) George

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 22 1892 (1893 23 1893)
9. AGE last birthday 56 yrs. (56)
If under 1 year Months 11 Days
If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward George
14. MOTHER'S MAIDEN NAME Evely Beach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Ethel George 78 Yorkway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 1/2 hr |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension cardio-vascular Disease. | 5 years |
| | (c) | |

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-7, 1947, to 7-22, 1949, that I last saw the deceased alive on 7-22, 1949, and that death occurred at 6.30 A.m., from the causes and on the date stated above.

SIGNATURE Eugene F Neog (Degree or title) M.D. ADDRESS 7001 Morning Ton Rd DATE SIGNED Dundalk

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 25
NAME OF CEMETERY OR CREMATORY Oak Lawn Cem
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. July 23. 1949.
REGISTRAR'S SIGNATURE R. W. + J. W. Hedrich
24. FUNERAL DIRECTOR Ulrich Funeral Home ADDRESS 2008 Orleans Av

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Neehe.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06511

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Meyersdale
STREET ADDRESS (If rural, give location) 208 Meyers Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) GILL
4. DATE OF DEATH: (Month) July (Day) 1, (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 6, 1866
9. AGE last birthday: 82 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: WMRR Agent
11. BIRTHPLACE (State or foreign country): Troxelville, Penna.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Levy Gill
14. MOTHER'S MAIDEN NAME: Catherine Schrader
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): None
16. SOCIAL SECURITY NO.: 705-10-7832
17. INFORMANT: Miss Mary Gill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4 Immediate cause (a) Cerebral thrombosis — 2 wks

92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Valvular heart disease — Many yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1930, to July 1, 1949, that I last saw the deceased alive on June 30, 1949, and that death occurred at 12 45 9 m., from the causes and on the date stated above.

SIGNATURE: Samuel Morrison | (Degree or title) MD | ADDRESS 11 E. Chase St. | DATE SIGNED 7/2/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE July 3, 1949 | NAME OF CEMETERY OR CREMATORY: Beavertown Cemetery | LOCATION (City, town, or county) (State): Beavertown, Snyder Co., Penna.

DATE REC'D BY LOCAL REG. 7/2/49 | REGISTRAR'S SIGNATURE G. M. Bacon

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland — ADDRESS

RECEIVED
JUL 6 1949
BUREAU V. S.

06512

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Balto. MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Rd. | STREET ADDRESS (If rural, give location) Liberty Rd. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Joseph | (Middle) Charles | (Last) Glos, Sr. | 4. DATE OF DEATH | (Month) July | (Day) 22 | (Year) 1949 |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH Feb. 1, 1876 | 9. AGE last birthday 73 yrs. | If under 1 year Months / Days | If under 24 hrs. Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) – | 10b. KIND OF BUSINESS OR INDUSTRY Balto. Co. | 11. BIRTHPLACE (State or foreign country) Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13. FATHER'S NAME Nicholas Glos | 14. MOTHER'S MAIDEN NAME Unknown | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. no | 17. INFORMANT Mrs. Frances C. Glos Liberty Rd., Randallstown | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Pancreatitis | 3 mos |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Secondary Anemia | |
| | (c) Arteriosclerosis (Cardio Vasc Disease | |

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 4-22, 1949, to 7-23 1949, that I last saw the deceased alive on 7-21, 1949, and that death occurred at 1-P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Dr Thos J Abbott | | 4509 Liberty Heights Ave | 7-23-49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/22/49 | NAME OF CEMETERY OR CREMATORY Holy Family Cem. | LOCATION (City, town, or county) (State) Randallstown, Md. |
| DATE REC'D BY LOCAL REG. July 23 1949 | REGISTRAR'S SIGNATURE R.W. J.W. Hedrick | 24. FUNERAL DIRECTOR WM. J. TICKNER & SONS | ADDRESS Balto., Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06513

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks, rural; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks. STREET ADDRESS (If rural give location) York Rd.

3. NAME OF DECEASED (Type or Print): (First) Patton (Middle) Boyd (Last) Gray

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 12, 1891

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): garage mechanic

10b. KIND OF BUSINESS OR INDUSTRY: garage

11. BIRTHPLACE (State or foreign country): Roanoke Va.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Henry Vincent Gray

14. MOTHER'S MAIDEN NAME: Edmonia Woltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 214-03-3510

17. INFORMANT: Mrs. Ellen Dashiell Gray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval between onset and death: 20 min.

443 / 932

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive - arteriosclerotic — at least 3 yrs.

(c) cardio. vascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to July, 1949, that I last saw the deceased alive on July 25, 1949, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Elizabeth B. Sherrill, M.D. — Catonsville, Md. — 7/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: July 28, 1949 | NAME OF CEMETERY OR CREMATORY: Balto. Natl. Cem | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 7-26-49 | REGISTRAR'S SIGNATURE: Wilmer C. Ensor | 24. FUNERAL DIRECTOR: Lander M. Brooks | ADDRESS: Sparks, Md

RECEIVED
JUL 99 19[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

06514

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 1½ hours approx
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md.
STREET ADDRESS (If rural, give location) 10003 Renfrew Avenue

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | Thomas | E. | Guillot(t) | | 7 - | 6 - | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | married | 2-24-1915 | 34 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| laborer | machine | Maryland | USA |

13. FATHER'S NAME: Douglas Guillott

14. MOTHER'S MAIDEN NAME: Lillian Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 416 Immediate cause | (a) Cardiac Decompensation | 1 yr. |
| 93c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Rheumatic C-V. Disease | 5 yrs? |
| | (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholism — 3 yrs.

19a. DATE OF OPERATION: no. — 19b. MAJOR FINDINGS OF OPERATION: none. — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none — (CITY OR TOWN): none. — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none. m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? none.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples — (Degree or title): M.D. — ADDRESS: D. D. Caples, M.D., Medical Examiner, Reisterstown, Maryland — DATE SIGNED: 7-6-49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| | July 7, 1949 | Potomac Church Cem. | Montgomery County | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7-7-49 | V. E. Harvey | Robert A. Humphreys Jr | Bethesda, Md |

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JUL 12 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

06515

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Fullerton · LENGTH OF STAY (In this place) Baltimore 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Forrest View

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same ·
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) M. (Last) Gunther
4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.
8. DATE OF BIRTH: July 14 1875
9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Spickenreuther
14. MOTHER'S MAIDEN NAME: Margaret Krein
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 219-01-2372-A
17. INFORMANT: Mrs Joseph Steger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval Between Onset and Death: Immediate

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. McCarmus M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 7/30/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: AUG 2 1949
NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM
LOCATION (City, town, or county) (State): 4430 BELAIR RD MD

DATE REC'D BY LOCAL REG. 8/1/49
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS: Dippel Bro. 7110 BELAIR RD.

Evidence for change of age is shown on
Film G122 10/5/49 js
Bapt. Record & Affidavit

06516

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 45

**1. PLACE OF DEATH:**

County: Balto Co

City or town: Middle River
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 month

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Va County:

City or town: Norfolk
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 827 E 25 St
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

**3.(a) FULL NAME:** Grace Hammond

**3.(b) Social Security Number:** 224-12-9687

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: widow

6.(b) Name of husband or wife:

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 15/91 92

**8. AGE:** Years: 57 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: Minesota
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business:

FATHER
12. Name: Gilbert Osgood
13. Birthplace: U S A

MOTHER
14. Maiden name: Christina Dighes
15. Birthplace: U S A.

16. Informant: Helen G Speldon
Address: 14 Homeland Ave

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 7/20/49 (month) (day) (year)

Cemetery or crematory:

Location: Norfolk Va.

18. Funeral director: J Bruedzinski
Address: 1407 Eastern Ave

19. July 25th 1949 (Date rec'd by registrar) Henry Cross Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/25 1949 at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/31 1949 to 7/25 1949 and that I last saw her alive on 7/24 1949

| Immediate cause of death | Duration |
|---|---|
| Cachexia | 2 months |
| Due to Carcinomatosis | 6 months |
| Due to Carcinoma of uterus | 1 year |

Other conditions: 174 / 48b (Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma uterus

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A L Kolodny MD
M. D. or other

Address: 45 Edgewater Baltimore 21 Date signed: 7/25/49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

RECEIVED
AUG 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06517

# CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Balto. County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Phila. Rd. & Raphel Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Old Phila Rd & Raphel Rd COUNTY Balto Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw Md
STREET ADDRESS (If rural give location) Old Phila. & Raphel Rd

3. NAME OF DECEASED (Type or Print) (First) Rosella (Middle) Warnes (Last) Hankinson

4. DATE OF DEATH (Month) JULY (Day) 20 (Year) 1949

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 8 1881
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY house work
11. BIRTHPLACE (State or foreign country) Blyth England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Seaman Warnes
14. MOTHER'S MAIDEN NAME Maria Gidney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Thomas Hankinson Sr. Old Phila. Rd. Raphel Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

164 Immediate cause (a) Carcinoma of Mediastinum — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

47f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7, 1946, to 7/20, 1949, that I last saw the deceased alive on 7/19, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE Clifford F. Hudson (Degree or title) ADDRESS Fork, Md. DATE SIGNED 7/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 22-49
NAME OF CEMETERY ~~OR CREMATORY~~ Parkwood
LOCATION (City, town, or county) (State) Taylor Ave Balto. Md.

DATE REC'D BY LOCAL REG. 7/21/49
REGISTRAR'S SIGNATURE H. W. Hedrick Dm
24. FUNERAL DIRECTOR Kippel Bros. ADDRESS 7110 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr C. Hudson Fork

06518

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Dundalk MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dundalk 7153 MARTELL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO
STREET ADDRESS (If rural give location) 7153 MARTELL AVE

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) J. HANS (Last) Sr.

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Feb. 12/1856
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Civic Pension
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) Sp. A.W.
16. SOCIAL SECURITY No.
17. INFORMANT Joseph HANS 7153 MARTETT AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 Immediate cause | (a) CORONARY THROMBOSIS. | 1 hr |
| 93d Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) ARTERIOSCLEROTIC C. V. DISEASE | 10 yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to July, 1949, that I last saw the deceased alive on July 30, 1949, and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen C. Mockoniak M.D. ADDRESS 6714 Holabird Ave DATE SIGNED July 30, 1949

23. BURIAL, CREMATION REMOVAL (Specify) BUSIAH
DATE Aug. 2/49
NAME OF CEMETERY OR CREMATORY Holy Rosary Cem.
LOCATION (City, town, or county) Germanhill Rd. (State) MD

DATE REC'D BY LOCAL REG. 8/1/49
REGISTRAR'S SIGNATURE A. W. Hedrick Dm
24. FUNERAL DIRECTOR Marie E. Fealkows Sr. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

16519

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE (RURAL)
LENGTH OF STAY (in this place): 40YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROCKWELL AND WESTCHESTER AVES.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE (RURAL)
STREET ADDRESS (If rural give location): ROCKWELL AND WESTCHESTER

3. NAME OF DECEASED (Type or Print): (First) VERA (Middle) (Last) HARRIS

4. DATE OF DEATH: (Month) 7/14/1949 (Day) (Year) 19

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 11/6/1885

9. AGE last birthday: 63 yrs. If under 1 year: Months 8 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL TEACHER (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM EDWARD HARRIS

14. MOTHER'S MAIDEN NAME: JANE CHAMPAYNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS. AMY H. WALKER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion 1st attack — Interval Between Onset and Death: 3 Years

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Occlusion 2nd attack — 24 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 46, to July 14, 1949, that I last saw the deceased alive on July 14, 1949, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. P. Van Schaick MD

ADDRESS: 4818 Edmondson Ave

DATE SIGNED: 7/14/49

23. BURIAL, CREMATION or REMOVAL (Specify): BURIAL

DATE: 7/16/1949

NAME OF CEMETERY OR CREMATORY: LOUDON PARK

LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REG.: 7/16/49

REGISTRAR'S SIGNATURE: W. E. Harris

24. FUNERAL DIRECTOR: Easton Sons

ADDRESS: 608 Frederick Ave. Catonsville, Md.

RECEIVED
JUL 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06520

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 1 yr, 1 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) F. (Last) HARTLEY

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-9-1880

9. AGE last birthday: 68 yrs. If under 1 year: Months 9 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: Johnathan Hartley

14. MOTHER'S MAIDEN NAME: Margaret Grant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Cardiac Failure — Interval Between Onset and Death: 5:00a.m.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — Indef.

(c) Hypertensive cardiovascular disease — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1949, to July 4, 1949, that I last saw the deceased alive on July 4, 1949, and that death occurred at 5:00a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) M. D. ADDRESS Spring Grove State Hospital Catonsville-28, Md. DATE SIGNED 7-4-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE July 6, 1949 NAME OF CEMETERY OR CREMATORY GLEN HAVEN LOCATION (City, town, or county) GLEN BURNIE, MD. (State)

DATE REC'D BY LOCAL REG. 7/5/49 REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR H. D. Singleton ADDRESS Glen Burnie, Md

RECEIVED
JUL 6 1949
BUREAU V. S.

Dr. Gonzalez

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

66521

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville; STATE Maryland; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2806 Emerald Avenue | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Parkville; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 2806 Emerald Avenue |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| Abel | M. | Hess | July 26th 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| male | white | Widowed | Aug. 12, 1877 | 71 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired | | Lancaster, Pa. | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| John Hess | Elizabeth Metzger |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no | | Mrs. T.I.Smith, 2806 Emerald Avenue |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 177 Immediate cause | (a) Cachexia and Heart Failure | 3 months |
| 518 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized Carcinomatosis | |
| | (c) Carcinoma of Prostate | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from April 4, 1949, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 10 A.M., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| C. E. Gonzalez M.D. | 8304 Harford Road | Balto 14. Md. |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 7-29-49 | Loudon Park | Baltimore, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/27/49 | A. W. Hedges | Leonard J. Ruck, | 5305 Harford Road. |

Evidence for addition of #18c shown on:

FILM No. G 121 SEP -6 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

not CB C6522

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 | LENGTH OF STAY (in this place) 2½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1945 Dundalk Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Berks Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Wohns Hill

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| CYRUS | | HEVERLING | 7 | 9 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | | Dec 5 1860 | 88 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| none | Retired Farmer | Penna. | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Richard Heverling | Anna Ruth |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no | | Mary L. Dean |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility — many years

794 Antecedent cause(s)

162 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Impossible to state a more definite cause. (9/2/49 - a.s.)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | none | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| no | no | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from Jan, 1947, to July 9, 1949, that I last saw the deceased alive on July 9, 1949, and that death occurred at 5-30P m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Howard Burns M.D. | 59 Dundalk Ave - | 7-9-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | July 12, 1949 | Wohns Hill Cemetery | Berks County, Pa. |

| DATE REC'D BY LOCAL REGR. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| July 10, 1949 | W. M. Kelly Jr. | Roland L. Fisher, | Dundalk, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06523

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; LENGTH OF STAY (In this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Jones Creek Bridge R.R.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; STREET ADDRESS (If rural, give location) 1766 Hadaway Rd.

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) L. (Last) Hoeffler.

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov 22 1936

9. AGE last birthday: 12 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: LEWIS HOEFFLER

14. MOTHER'S MAIDEN NAME: EMILY MENCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Sparrows Point Police & Lipscomb

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8 / 183

Immediate cause (a) Drowning (accidental) — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Public Place (CITY OR TOWN) Sparrows Pt. (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) July (Day) 26 (Year) 49 (Hour) 10 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? While bathing Jumped off Bridge

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

J. McCormick M.D. Deputy Medical Examiner Balto Co. Dundalk 22 Md. 7/28/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: July 29 1949

NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE MEM. PK

LOCATION (City, town, or county) (State): DORSEY MD.

DATE REC'D BY LOCAL REG. 7/28/49

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Roland L. Fisher

ADDRESS: DUNDALK MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

16524

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cockeysville- | LENGTH OF STAY (in this place) 30 yrs-
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural give location) Falls Rd.

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Bernadine (Last) Hoffman
4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 1949
5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 10/27/98 | 9. AGE last birthday: 50 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Balto. City - | 12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: Wm Lloyd - | 14. MOTHER'S MAIDEN NAME: Ida Baldwin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Oscar Hoffman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma - (Abdominal) — 2 yrs -

170
50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of breast - (Removal) — 2 yrs -

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/4/47 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma - | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1947, to 7/28, 1949, that I last saw the deceased alive on 7/28, 1949, and that death occurred at 6.30 p. m., from the causes and on the date stated above.

SIGNATURE / (Degree or title) | ADDRESS | DATE SIGNED

Wilmer C. Ensor M.D. Cockeysville Md. 7/28/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 7-30-49 | NAME OF CEMETERY OR CREMATORY: Grace Methodist | LOCATION (City, town, or county) (State): Falls Rd, Cockeysville Md

DATE REC'D BY LOCAL REG. 7-29-49 | REGISTRAR'S SIGNATURE: Wilmer C. Ensor | 24. FUNERAL DIRECTOR: J. M. Brooks, Sparks, Md. | ADDRESS

RECEIVED
AUG 2 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06525

# CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland
LENGTH OF STAY (In this place) 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland.
~~STREET~~ ADDRESS (If rural give location) Glen Rock, Pa. R.D.

3. NAME OF DECEASED (Type or Print) (First) Ralph (Middle) Elwood (Last) Ilgenfritz
4. DATE OF DEATH (Month) July (Day) 24 (Year) 1949
5. SEX Male
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH Febr. 4, 1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Glen Rock, Pa. R.D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Ilgenfritz
14. MOTHER'S MAIDEN NAME Adeline Gerbrick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Z. C. Masemore, Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

974 Immediate cause (a) STRANGULATION by HANGING

164a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Home in Balto. Co., Md. (COUNTY) - Address (STATE) Glen Rock, Pa.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE A. M. France (Degree or title) M.D. ADDRESS Parkton Md. DATE SIGNED 7/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial.
DATE THEREOF July 28, 1949
NAME OF CEMETERY OR CREMATORY Fissels Cemetery
LOCATION (City, town, or county) Glen Rock, York Co. (State) Pa.
DATE REC'D BY LOCAL REG. July 27 1949
REGISTRAR'S SIGNATURE Chester L. Fulton
24. FUNERAL DIRECTOR J. Jacob Hartenstein, ADDRESS New Freedom, Pa.

RECEIVED
AUG 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

16526

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

**1. PLACE OF DEATH**
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 7yrs.8mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Roslyn Ave. near Windsor Mill Rd.

**3. NAME OF DECEASED (Type or Print)**: (First) Edith (Middle) James (Last)

**4. DATE OF DEATH**: (Month) July (Day) 3 (Year) 1949

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Single | Jan. 25, 1880 | ~~88~~ 69 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| unemployed | | ~~Unknown~~ England | Unknown |

**13. FATHER'S NAME**: Thomas Robinson James

**14. MOTHER'S MAIDEN NAME**: Elizabeth Barlow

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: none.

**17. INFORMANT**: Mrs. Elizabeth J. Bryant

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 443 | Immediate cause | (a) Cardiac Failure | 2 weeks. |
| 186a | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Fracture of left tibia and fibula | 5/8/49 |
| | | Fracture of left orbit | 1/9/49 |
| | | (c) Hypertensive cardio-vascular disease | 10 yrs. |
| | | Psychosis with organic brain disease | 9 yrs. |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

**19a. DATE OF OPERATION**: none — **19b. MAJOR FINDINGS OF OPERATION**: none.

**20. AUTOPSY?** Yes ☐ No ☐

**21. EXTERNAL CAUSE WAS** PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Spring Grove Hosp. (CITY OR TOWN): Catonsville (COUNTY): Balto. (STATE): Md.
TIME OF INJURY (Month) May (Day) 5 (Year) 49 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Was ataxic & fell in the hall.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| D. D. Caplis | Deputy Med. Exam. M.D. | Reisterstown, Md. | 7-3-'49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | July 6, 1949 | Woodlawn Cem. | Woodlawn | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7-5-49 | [illegible] | WM. J. TICKNER & SONS | Balto., Md. |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place) 7yr 8mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ~~Baltimore~~; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Unknown~~ Baltimore; STREET ADDRESS (If rural give location) Roslyn Ave. near Windsor Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) (Last) James

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 25, 1880

9. AGE last birthday: ~~69~~ 69 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): ~~Unknown~~ England

12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: Thomas Robinson James

14. MOTHER'S MAIDEN NAME: Elizabeth Barlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Elizabeth J. Bryant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cardiac Failure | 2 wks. |
| Antecedent cause(s) | Fracture of left tibia and fibula | 5/8/49 |
| | Fracture of left orbit | 1/9/49 |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive cardio-vascular disease | 10yrs. |
| | (c) Psychosis with organic brain disease | 9 yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident; PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Spring Grove Hosp.; (CITY OR TOWN) Catonsville; (COUNTY) Balti; (STATE) Md.

TIME OF INJURY (Month) May (Day) 5 (Year) 1949 (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☒; HOW DID INJURY OCCUR? was ataxic and fell in the hall

22. I hereby certify that I attended the deceased from November, 19 49, to July 3, 19 49, that I last saw the deceased alive on July 3, 19 49, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert A. Kurland MD Spring Grove State Hospital Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 7/6/49; NAME OF CEMETERY OR CREMATORY Woodlawn Cem.; LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG.; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR WM. J. TICKNER & SONS; ADDRESS Balto., Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

Bc 06527

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 6yr-11mo-14da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1513 Henry street ✓

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) C. (Last) Johnson
4. DATE OF DEATH (Month) 7 - (Day) 12 - (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 9-7-1859
9. AGE last birthday 89 yrs. If under 1 year Months 10 Days 5 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stationary engineer
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (State or foreign country) Alexandria, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Johnson
14. MOTHER'S MAIDEN NAME Elizabeth Chauncey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 420.0 | Immediate cause | (a) Right upper lobar pneumonia | 7 days |
| 108 | Antecedent cause(s) | | |
| | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive arteriosclerotic heart disease | indefinite |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-28, 1942, to 7-12, 1949, that I last saw the deceased alive on 7-12, 1949, and that death occurred at 5:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M.D., Clinical Director, SGSH, Catonsville-28, Maryland 7-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/15/49
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 7/12/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR WM. J. TICKNER & SONS INC.
ADDRESS North & Pa. Aves. Balto. 17, Md.

Evidence for re-arrangment of #18 shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06528

# CERTIFICATE OF DEATH

Reg. Dist. No. 41

FILM No. G 121 AUG 23 1949

1. PLACE OF DEATH: COUNTY Baltimore — S.S. Shore Rd. Dundalk — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
   STREET ADDRESS (If rural give location): 18 Kinship Rd.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) C. (Last) Jones

4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 18, 1885

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William J. Glover

14. MOTHER'S MAIDEN NAME: Martha Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: George W. Jones 18 Kinship Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary thrombosis | 3 days. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) II Intercalitis. | 1 year |
| | (c) II Diabetes 10 yrs Chronic nephritis | 10 yr. |

420.1
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1944, to July 24, 1949, that I last saw the deceased alive on July 23, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE: David H. Andrew (Degree or title): M. D. ADDRESS: 2 Kinship Rd Dundalk Md DATE SIGNED: July 26, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/28/49 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): 7225 Eastern Ave.

DATE REC'D BY LOCAL REG. 7/27/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Clarence F. Hoffmann 1639 Broadway.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Bc 66529

Reg. Dist. No. 30

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 19 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital | STREET ADDRESS (If rural give location) 107 E. Hughes Street |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Lucille | (Middle) - | (Last) Jordan | 4. DATE OF DEATH | (Month) 7 - | (Day) 3 - | (Year) 1949 |
| 5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH 1895? | 9. AGE last birthday 54 yrs. | If under 1 year Months ? | Days ? | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (State or foreign country) ? | | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME ? | | | 14. MOTHER'S MAIDEN NAME ? | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. ? | 17. INFORMANT Hospital records | | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 025 Immediate cause | (a) Psychosis with meningo-encephalitic syphilis | indefinite |
| 30b Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive cardiovascular disease | " |
| | (c) Arteriosclerosis | " |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Uremia | " |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 6-14-, 1949, to 7-3-, 1949, that I last saw the deceased alive on 7-3-, 1949, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Isadore Tuerk, M.D., Clinical Director, SGSH, Catonsville-28, Md. | | | 7-5-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 6-7-1949 | Riverview Cem | Richmond Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| July 6 49 | A. W. Hedrich | John C. Milly Inc. | 2435 E. Oliver St |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition of #18c shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

P6530

# CERTIFICATE OF DEATH

FILM No. G 121 AUG 24 1949

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto Co — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleborough — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleborough
STREET ADDRESS (If rural, give location) Rt 13 - Balto 21

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) William (Last) Reiper

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 9/10/28

9. AGE last birthday: 20 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store.

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Archie Reiper

14. MOTHER'S MAIDEN NAME: Catherine Denhowich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: 220-20-8459

17. INFORMANT: Archie Reiper

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193 54b

**Immediate cause** (a) Tumor, intramedullary, spinal cord — Interval between onset and death: 2 yrs.

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Decubitus, Sacrum, hips, knees — 6 mos.

(c) Tumor was malignant (8/24/49 a.m.)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to July, 1949, that I last saw the deceased alive on 7-6, 1949, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Thomas B Quigley, M.D. — 8-5 Eastern Ave Balto, Md — 7/9/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: 7/12/49 — NAME OF CEMETERY OR CREMATORY: Emmanuel — LOCATION (City, town, or county) (State): Penna.

DATE REC'D BY LOCAL REG. 7/11/49 — REGISTRAR'S SIGNATURE: A. W. Hedges

24. FUNERAL DIRECTOR: James J Quigley — ADDRESS: 1407 Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

C6531

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY: Balto | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md COUNTY: Balto |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Govs | MARYLAND — LENGTH OF STAY (In this place): |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ribus Rd. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Govs. Md. |
| | STREET ADDRESS (If rural, give location): 2878 Frederick Rd |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| William | Zane | Keissey | 7 | 25 | 49 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | Single | 6-5-1946 | 7 yrs. | 1 | 20 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| student | | Md | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Charles Keissey | Virginia Greer |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | | Eugene Green Keissey |

### 18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| Immediate cause (a) Drowning | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) While wading in river | |
| (c) Ret'd from accident | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

929.4
163

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: River | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? | | |
| July 25 49 m. | | Drowned while wading in river | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Jas. McLester Jr. | M.D. | Govs. Baltco. 1010 Leadenhall | 7-25-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Mausoleum | 7-26-49 | Loves Bend Cem | Rogersville Tennessee |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/26/49 | W.E. Harris | Easton Sons | Ellicott City Md |

RECEIVED
JUL 26 1949
BUREAU V. S.

Evidence for change shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

06532

FILE No. G 1[illegible] AUG 18 1949

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore County; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Blvd. and Hammonds Ferry Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Orlando
STREET ADDRESS (If rural, give location) 818 Vassar Ave. [illegible]

3. NAME OF DECEASED (Type or Print): (First) JUSTUS (Middle) E. (Last) KILIAN

4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Nov. 6, 1880

9. AGE last birthday: 69 yrs.

If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Refrigerating Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Vilter Mfg. Co.

11. BIRTHPLACE (State or foreign country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: - Kilian

14. MOTHER'S MAIDEN NAME: - Neurath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish Am.

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Robert W. Kilian, 125 Gates Ave. Montclair, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816.5 **Immediate cause** (a) Crushed head

170c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Public

(CITY OR TOWN) (COUNTY) (STATE): Wash. Blvd. at Hammonds Ferry Rd. Balto. Co. Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: 7-25-49 Approx. 10:20 pm.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Collision of auto. and tractor-trailer

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Carl L Rogers (Degree or title) ADDRESS: 700 Flint St DATE SIGNED: 26 July 49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 7/27/49

NAME OF CEMETERY OR CREMATORY: Westview Cem.

LOCATION (City, town, or county) (State): Atlanta, Ga.

DATE REC'D BY LOCAL REG. 7/27/49

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS

ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

P6533

Reg. Dist. No. 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3103 Hammond Ferry Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 3103 Hammond Ferry Rd

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) K (Last) Kellmeyer

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1949

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Oct 14 86 | 9. AGE last birthday 62 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur | 10b. KIND OF BUSINESS OR INDUSTRY Ind + Talbot | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Conrad Kellmeyer | 14. MOTHER'S MAIDEN NAME Elizabeth Albrecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, nn, or unknown) nn | (If yes, give war nr dates nf service) | 16. SOCIAL SECURITY NO. 217073971 | 17. INFORMANT Ruth C Kellmeyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease 420.1

Antecedent cause(s) Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last (b) 940a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing tn the death but nnt related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo McKie Jr MD Dr Filled Eden Baltimore 1010 Ludeman Aug 1 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug 4 49 | NAME OF CEMETERY OR CREMATORY Linden Park | LOCATION (City, town, nr county) Balto (State) Md

DATE REC'D BY LOCAL REG. Aug 4 49 | REGISTRAR'S SIGNATURE G E Kieffer

24. FUNERAL DIRECTOR Geo A Schnaul | ADDRESS 101 Federal St Balto Md

RECEIVED
AUG 4 1949
BUREAU V. S.

Dr. Sawyer

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C6534

# CERTIFICATE OF DEATH

Reg. Dist. No. 38

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Baltimore |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9005 Harford Road | STREET ADDRESS (If rural, give location): 9005 Harford Road |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Catherine Alberta Kennedy | | | | 4. DATE OF DEATH (Month) (Day) (Year): July 5, 1949 | |
| 5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: July 19, 1868 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country): Carroll Co Md. | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME: Uriah Barnes | | | 14. MOTHER'S MAIDEN NAME: Martha Frizzell | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | | 17. INFORMANT: Mrs. Ina M. Pyle, 9005 Harford Road | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 331 | Immediate cause | (a) Cerebral Hemorrhage | 5 days |
| 83a | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized Arteriosclerosis | 5 years |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |

| | | |
|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Oct 19, 1948 to July 5, 1949, that I last saw the deceased alive on July 5, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| George Sawyer | M.D. | 4808 Harford Rd. | 7/5/49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 7-7-49 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem | LOCATION (City, town, or county) (State): Baltimore, Md. |
| DATE REC'D BY LOCAL REG.: 7/7/49 | REGISTRAR'S SIGNATURE: A. W. Hedrich | 24. FUNERAL DIRECTOR: Leonard J. Ruck, 5305 Harford Road. | ADDRESS |

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change in #23 & 24 shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

P6535

FILM No. G 121 AUG -4 1949

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 7yr. 7mo. 20da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural give location): none

3. NAME OF DECEASED (Type or Print): (First) Ellen Nora (Middle) Mather (Last) Kenny

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Sept. 2, 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months 10 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel C. Mather

14. MOTHER'S MAIDEN NAME: Elizabeth Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: unk.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Hypertensive Cardiovascular disease — Interval Between Onset and Death: Indef.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 1941, to July 16, 1949, that I last saw the deceased alive on July 15, 1949, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Spring Grove Hospital, Balto. 28, Md. 7/18/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: ~~7-21-49~~ 8-1-49
NAME OF CEMETERY OR CREMATORY: ~~Spring Grove State Hospital~~ ST. MARY'S CEMETERY
LOCATION (City, town, or county) (State): ~~Catonsville 28, Md.~~ BALTIMORE MD.

DATE REC'D BY LOCAL REG. 7/28/49

REGISTRAR'S SIGNATURE W E Barry

24. FUNERAL DIRECTOR ADDRESS
~~Spring Grove State Hospital~~ AUSTIN DONOVAN, 3018 KELVIN AVE. BALTO. MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

06536

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bay Shore Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural, give location) 118 W. Susquehanna Avenue

3. NAME OF DECEASED (Type or Print) (First) FLORENCE (Middle) MARIE (Last) KOERNER
4. DATE OF DEATH (Month) July (Day) 4, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 23, 1937
9. AGE last birthday 11 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolgirl
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Towson, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Valentine J. Koerner
14. MOTHER'S MAIDEN NAME Florence Wastler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Florence W. Koerner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.4 Immediate cause (a) DROWNING

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Bay Shore Park (CITY OR TOWN) NR Sparrows Pt. (COUNTY) Balto. (STATE) Md
TIME OF INJURY (Month) July (Day) 4th (Year) 49 (Hour) 12:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Stepped into deep hole & drowned.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE N B Davis MD (Degree or title) Dep. Med. Exam. ADDRESS Dunedane 22 - Md DATE SIGNED 7/5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 7, 1949
NAME OF CEMETERY OR CREMATORY St. John's Luthern Cem.
LOCATION (City, town, or county) Sweet Air, Balto.Co., (State) Md.

DATE REC'D BY LOCAL REG. 7-9-49
REGISTRAR'S SIGNATURE (Acting) Robert E. Farber
24. FUNERAL DIRECTOR John Burns' Sons, Towson, Maryland ADDRESS

Henry C. Crusse Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 12 1963
BUREAU V. S.

Evidence for addtion in #19b shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06537

30

Reg. Dist. No.

FILM No. G 121 AUG 24 1949

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville — LENGTH OF STAY (in this place): 14yr3mo22d
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City
STREET ADDRESS (If rural give location): 305 S. Chester St.

3. NAME OF DECEASED (Type or Print) (First) ROSE (Middle) (Last) KOKOSZKA
4. DATE OF DEATH (Month) July (Day) 5 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-8-1900
9. AGE last birthday: 48 yrs. — If under 1 year: Months 9, Days 27 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? No
13. FATHER'S NAME: Frank Wrzask
14. MOTHER'S MAIDEN NAME: Anna Kacha
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

633 Immediate cause (a) Shock, post-operative — ½ hour

Antecedent cause(s)

139b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-5-49
19b. MAJOR FINDINGS OF OPERATION: (8/24/49) Total Hysterectomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13 1935, to July 5, 1949, that I last saw the deceased alive on July 5, 1949 and that death occurred at 12:49 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Isadore Tuerk, M.D. — ADDRESS: Spring Grove State Hospital, Catonsville-28, Md. — DATE SIGNED: 7-5-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 8 1949 — NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery — LOCATION (City, town, or county): German Hill Rd. — (State): Md.

DATE REC'D BY LOCAL REG.: 7/7/49 — REGISTRAR'S SIGNATURE: H. W. Hedrick — 24. FUNERAL DIRECTOR: John J Duda — ADDRESS: 2829 Hudson St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

C6538

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore - 19 - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt | LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7304 Waldman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same as above.
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) M (Last) KOOS.
4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: Wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: 6/17/65 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife. | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Germany. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Mengel. | 14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no. | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Eliz. Dorsey

## 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Myocardial failure. | 1 day. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardio Vascular | 10 yrs. |
| | (c) Cerebral thrombosis. disease. | 6 weeks. |

443 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1949, to July 28, 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at 12 45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Louis N. Tollin. M.D. | 6908 North Pt. Rd | Balto - 19.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 30, 1949 | NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery | LOCATION (City, town, or county) (State) Baltimore Co., Md.

DATE REC'D BY LOCAL REG. 7/28/49 | REGISTRAR'S SIGNATURE A. W. Hedgecock | 24. FUNERAL DIRECTOR | ADDRESS Roland L. Fisher, Dundalk, Md.

06539

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balti,ore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
STREET ADDRESS (If rural give location) R. F. D. #2

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Robert (Last) Krause
4. DATE OF DEATH (Month) July (Day) 7 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH August 1873
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Philip Krause
14. MOTHER'S MAIDEN NAME Annie Howard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 443 | Immediate cause | (a) left lower lobar pneumonia | 72 hours |
| 108 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cardiac decompensation - chronic - | Indefinite |
| | | (c) Hypertensive C V disease | " |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1949, to July 7, 1949, that I last saw the deceased alive on July 7, 1949, and that death occurred at 5:25 P.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) Isadore Tuerk, M. D.
ADDRESS Catonsville, 28, Md.
DATE SIGNED 7/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7-10-49
NAME OF CEMETERY OR CREMATORY St Pauls
LOCATION (City, town, or county) (State) Fulton-Howard County
DATE REC'D BY LOCAL REG. 7/5/49
REGISTRAR'S SIGNATURE V.E. Harry
24. FUNERAL DIRECTOR F.C. Higinbotham
ADDRESS Ellicott City Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

C6540

Reg. Dist. No. 44

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 111 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) L. (Last) KREBS

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-12-92

9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Works at Recreation center

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): York County, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. Krebs

14. MOTHER'S MAIDEN NAME: Lucy Shaeffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW-1

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592 Immediate cause (a) Chronic Nephritis — One Yr.

Antecedent cause(s)

131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31-, 1949, to 7-20-, 1949, that I last saw the deceased alive on 7-20-, 1949, and that death occurred at 3:15 A. m., from the causes and on the date stated above.

SIGNATURE: Paul Padget — (Degree or title) — ADDRESS — DATE SIGNED

PAUL PADGET, M.D. — VAH, FT.HOWARD, MD. — 7-20-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 22/1949 — NAME OF CEMETERY OR CREMATORY: Snydersburg Cemetery — LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG.: 7-20-49 — REGISTRAR'S SIGNATURE: H. W. Hedrich

24. FUNERAL DIRECTOR — ADDRESS: Tiptin Funeral Home, Hampstead, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

96541

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville (Rural) | LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville (Rural)
STREET ADDRESS (If rural give location) Paper Mill Rd

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Louisa | Hannett | Kurtz | July | 26 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F. | W. | Single | Aug 26 1873 | 75 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Homemaker | Home | Cockeysville Md | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| John Kurtz | Louisa Eckhart |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | None | Mrs. Helen Hurst |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 **Immediate cause** (a) Cerebral Hemorrhage — 6 mo.

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from Jan 15, 1949, to 7/26, 1949, that I last saw the deceased alive on 7/26, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Wilmer C. Enson | M.D. | Cockeysville Md | 7/27/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | July 28, 1949 | Jessops | Sparks, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7-27-49 | Wilmer C. Enson | Landon M. Brooks | Sparks, Md. |

RECEIVED
JUL 28 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16542

# CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point 19 | LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 901 D Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Bal to
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point 19 Md.
STREET ADDRESS (If rural give location) 901 D Street

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Williams (Last) Lewis

4. DATE OF DEATH (Month) July (Day) 15 (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH April 13, 1869 | 9. AGE last birthday 60 yrs. | If under 1 year Months 3 Days 2 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stripper - Pipe Mill | 10b. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co | 11. BIRTHPLACE (State or foreign country) Delaware | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John C. Lewis | 14. MOTHER'S MAIDEN NAME Emily Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. 213-07-6941 | 17. INFORMANT wife - Doris Lewis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 Immediate cause (a) Colloidal Carcinoma of Stomach

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1945 & March 10, 1949 | 19b. MAJOR FINDINGS OF OPERATION Colloid Carcinoma of Stomach | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to July 15, 1949, that I last saw the deceased alive on July 15, 1949, and that death occurred at 3.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J Howard Burns M.D | ADDRESS 59 Dundalk Ave. Dundalk 22, Md | DATE SIGNED 7-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 7/18/49 | NAME OF CEMETERY OR CREMATORY Oak Lawn Cem | LOCATION (City, town, or county) (State) Eastern Blvd. Balto. Co. Md.

DATE REC'D BY LOCAL REG. July 18-1949 | REGISTRAR'S SIGNATURE Wm M. Kelly, Jr | 24. FUNERAL DIRECTOR ADDRESS Roland L. Fisher, Dundalk, Md.

RECEIVED
JUL 1 1949
BUREAU F. B.

M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06543

# CERTIFICATE OF DEATH

Reg. Dist. No. 43

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md. — LENGTH OF STAY (in this place) 29 yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural give location) Silver Spring Road #33 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) FREDERICK | (Middle) J. | (Last) LOEFFLER | 4. DATE OF DEATH | (Month) July | (Day) 23rd | (Year) 1949 |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH Feb. 23rd, 1885 | 9. AGE last birthday 64 yrs. | If under 1 year Months 5 | Days | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman | 10b. KIND OF BUSINESS OR INDUSTRY Balto. City F.D. | 11. BIRTHPLACE (State or foreign country) Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13. FATHER'S NAME Albert Loeffler | 14. MOTHER'S MAIDEN NAME Carolina Beck | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 220-12-9970 | 17. INFORMANT Mrs. Frederick J. Loeffler | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Occlusion | 10 minutes |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cardio-Vascular Hypertensive Disease | 2 1/2 yrs. |
| | (c) Arteriosclerosis | 3 years |

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from January, 1947, to July 23, 1949, that I last saw the deceased alive on July 23, 1949, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Michael J. Dausch | M.D. | 4636 Belair Road | July 23 1949 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) burial | DATE 7/26/49 | NAME OF CEMETERY OR CREMATORY Western | LOCATION (City, town, or county) Baltimore, Md. (State) |
| DATE REC'D BY LOCAL REG. 7/25/49 | REGISTRAR'S SIGNATURE A. W. [illegible] | 24. FUNERAL DIRECTOR Lassahn Funeral Home | ADDRESS 7401 Belair Rd. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06544

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Flint Stone

STREET ADDRESS (If rural, give location) Polish Mt. Inn.

3. NAME OF DECEASED (Type or Print) (First) JACOB (Middle) C. (Last) LONG

4. DATE OF DEATH (Month) July (Day) 21, (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 11-11-86

9. AGE last birthday 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Owner

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Meland Long

14. MOTHER'S MAIDEN NAME Anna Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY No. Unknown

17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral infarcts of each caudate and lenticular nuclei

Antecedent cause(s) (b) Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

332

Interval Between Onset and Death: Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10-, 1949, to 7-21-, 1949, that I last saw the deceased alive on 7-21-, 1949, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE W.L. FLECK, M.D. (Degree or title) AUT. CHIEF PRO. SERVICES ADDRESS VAH, FT.HOWARD, MD. DATE SIGNED 7-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 7/23/49

NAME OF CEMETERY OR CREMATORY Moreland Memorial

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 7/22/49

REGISTRAR'S SIGNATURE RW Hedrick

24. FUNERAL DIRECTOR Lassahan Funeral Home, Balto., Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

C6545

Reg. Dist. No. 4 2

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1665 Sulphur Spring Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) Sulphur Spring Rd

3. NAME OF DECEASED (Type or Print) (First) Caroline (Middle) Kemp (Last) McDaniel
4. DATE OF DEATH (Month) July (Day) 26 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct 30 1868
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lillian K Fallar
14. MOTHER'S MAIDEN NAME Annie B Cromwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Lillian K McDaniel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular

93d (c) disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo. M. Kieffer (Degree or title) Dep Med Exam Balto Co ADDRESS 1010 Leeds ave DATE SIGNED 7-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 29 1949
NAME OF CEMETERY OR CREMATORY Western Cemetery
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG July 26 49
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR Joseph T. Ambrose Jr ADDRESS 1328 Sulphur Spring Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 32

06546

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 8 mos 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2709 W. Mosher St.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) F. (Last) McGee

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/1/1893

9. AGE last birthday: 56 yrs. If under 1 year: Months 4, Days 1, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Edward McGee

14. MOTHER'S MAIDEN NAME: Margaret Fallon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: 217-09-8303

17. INFORMANT: Thomas F. McGee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 18 mos.

136 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Spinal Arthritis

(c) Causalgia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8, 1948, to 7/2/49, 19....., that I last saw the deceased alive on 7/2, 1949, and that death occurred at 5:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stewart S. Shaffer M.D. ADDRESS: Mt. Wilson, Md. DATE SIGNED: 7/2/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 7/5/49 NAME OF CEMETERY OR CREMATORY: New Cathedral Cem. LOCATION (City, town, or county) (State): 4300 Old Fred. Rd., Balto.

DATE REC'D BY LOCAL REG.: 7/2/49 REGISTRAR'S SIGNATURE: Nola F. Mayer

24. FUNERAL DIRECTOR: Wm. Tickner & Sons, Balto., Md. ADDRESS

RECEIVED
JUL 8 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

06547

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place) 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 8164 Gough St.

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Mary (Last) McGowan
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 12-1891
9. AGE last birthday 58 yrs. If under 1 year Months 2 Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Smith
14. MOTHER'S MAIDEN NAME Alice Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John H. Stoner 8164 Gough St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 977 Immediate cause | (a) Severing of left brachial artery | — |
| 1642 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) at elbow with Razor | — |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) July (Day) 31 (Year) 49 (Hour) 7 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. B. Davis MD - Dept. Medicine - Dundalk, Md 8/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 4-49
NAME OF CEMETERY OR CREMATORY Park View
LOCATION (City, town, or county) (State) Peoria, Illinois

DATE REC'D BY LOCAL REG. 8/2/49
REGISTRAR'S SIGNATURE Henry Crusse
24. FUNERAL DIRECTOR John G. Connelly ADDRESS Essex

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 3 1949
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06548

Reg. Dist. No. 42

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Halethorpe (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 yrs

Hospital, Institution, or street address where death occurred: 1316 Francis ave

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Halethorpe (If outside city or town limits, write RURAL and give nearest town)

Street No.: 1316 Francis ave (If rural, give LOCATION)

2.(a) If veteran, name war: none

**3. (a) FULL NAME:** Kurt Waltermire Meinhardt

**3. (b) Social Security Number:** none

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Mrs Edna A Meinhardt

6.(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Mch 14 1883

**8. AGE:** Years: 66 Months: 3 Days: 24 If less than one day: ..... hrs. ..... min.

9. Birthplace: Gneisen, Germany (Town, county, and state)

10. Usual occupation: Retired Owner

11. Industry or business: Restaurant

FATHER

12. Name: Christopher Meinhardt

13. Birthplace: unknown

MOTHER

14. Maiden name: Elizabeth Schaefer

15. Birthplace: unknown

16. Informant: Mrs Edna A Meinhardt

Address: 1316 Francis ave, Halethorpe 27 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/11/49 (month) (day) (year)

Cemetery or crematory: Loudon Park Cem.

Location: Baltimore, Md.

18. Funeral director: WM. J. TICKNER & SONS

Address: Baltimore, Md.

19. July 9th 1949 (Date rec'd by registrar) R. W. H. W. Hedrich Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8 1949 at 6 20 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 1946, to July 8 1949 and that I last saw him alive on July 7 1949

Immediate cause of death: acute coronary occlusion 100 a; Chr. myocarditis 2 yrs

Due to: Chr. Nephritis 6 yrs; Hemiplegia May '46

Due to: Hypertension 6 yrs

Other conditions: none

420.1 131a (Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: B. S. Brumbaugh M. D. or other

Address: 5609 Main St Elkridge 27 Md Date signed: 7/8/49

MARYLAND STATE DEPARTMENT OF HEALTH Bc 16549

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gwynn Oak Park
LENGTH OF STAY (in this place) Employed there for 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gwynn Oak Ave Balto 7, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto. City.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 7
STREET ADDRESS (If rural, give location) 5301 Wayne Ave.

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) (Last) MEYER

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH June 17, 1902 | 9. AGE last birthday 47 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Working Concession Stand | 10b. KIND OF BUSINESS OR INDUSTRY Amusement | 11. BIRTHPLACE (State or foreign country) Brooklyn, N.Y. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Morris Meyer | 14. MOTHER'S MAIDEN NAME Sarah Siegel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs Lorraine Meyer (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Hypertensive C-V. Disease | 2 yrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 592 13(a) | (b) Chronic Nephritis | 2 yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None. | 19b. MAJOR FINDINGS OF OPERATION None. | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None | (CITY OR TOWN) None (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY OCCURRED While at work ☐ Not while working ☐ | HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
D. D. Caples Deputy Md. Exam. M.D. Reisterstown, Md July 3'49.

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 7-3-49 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Brooklyn (State) N.Y.

DATE REC'D BY LOCAL REG. 7/6/49 | REGISTRAR'S SIGNATURE Dr. Wm. E. Martin | 24. FUNERAL DIRECTOR Jack Levey Inc | ADDRESS 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUL 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06550

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 355A, Rt 10, Triple Union Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same as #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) (Last) Michalski

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 1863

9. AGE last birthday: 85 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph Kofsky

14. MOTHER'S MAIDEN NAME: Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Joseph Michalski, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-respiratory failure — Interval between onset and death: 1 day

420.0

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Cerebral Hemorrhage — 3 days.

(c) Hypertensive arterio-sclerotic heart disease — 15-20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Large umbilical Hernia

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/22, 1949, to 7/26, 1949, that I last saw the deceased alive on 7/25, 1949, and that death occurred at 1:05A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Robert E. Farber | M.D. | Sparrows Point, Md. | 7/26/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 7/28/49 | Sacred Heart of Mary | Baltimore Co. | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/26/49 | Robert E. Farber | Geo. A. Weber | 705 S. Ann St. |

VS. A15

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JUL 2[illegible] 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06551

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 11 yrs. 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Sofia (Middle) (Last) Michalski
4. DATE OF DEATH (Month) July (Day) 21 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 6-29-1920
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY inmate
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Peter Michalski
14. MOTHER'S MAIDEN NAME Frances - Boncyek
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Training School Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Broncho pneumonia | 48 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral Atrophy with Hydrocephalus | 6 mos. + |
| | (c) Degenerative cord disease (Amyotrophic lateral sclerosis) | 6 mos. + |

355
87e

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4-8-49 - 4-22-49
19b. MAJOR FINDINGS OF OPERATION Cerebral Atrophy & Compensatory hydrocephalus Operations: Low cervical laminectomy, Myelogram, Ventriculogram & Bat. Hoy
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8, 1938, to 7-21, 1949, that I last saw the deceased alive on 7-21, 1949, and that death occurred at 2.00 A m., from the causes and on the date stated above.

SIGNATURE Isabel H. McClinton (Degree or title) Md. ADDRESS Rosewood St. Tr. School, Owings Mills, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/23/49
NAME OF CEMETERY OR CREMATORY Holy Rosary
LOCATION (City, town, or county) (State) Balto. County

DATE REC'D BY LOCAL REG. 7/22/49
REGISTRAR'S SIGNATURE A.W. Hedrick
24. FUNERAL DIRECTOR J. M. [illegible]
ADDRESS 451 S. Chester St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Gratt 8100 Harford Rd.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16552

# CERTIFICATE OF DEATH

Reg. Dist. No. 38

1948 83

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville, Balto. 14
LENGTH OF STAY (in this place): 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2620 Windsor Rd.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville - Balto. 14
STREET ADDRESS (If rural give location): 2620 Windsor Rd

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Martha | Agnes | Miles | July | 28 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | W | Single | Dec. 11 1865 | 83 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Home | Balto Co. Md | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| George Miles | Susan |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | None | Joseph A Miles |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| **Immediate cause** | (a) Cerebral hemorrhage | 3 weeks, |
| 331 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension | ? |
| 83a | (c) Generalized arteriosclerosis | ? |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | While at Work ☐ Not While At work ☐ | |

22. I hereby certify that I attended the deceased from 3/18, 1945, to 7/28, 1949, that I last saw the deceased alive on 7/28, 1949, and that death occurred at 12 05 A.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Harold A. Gratt, M.D. | 8100 Harford Rd. | 7/28/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | July 30, 1949 | Wesley Chapel | Westminster Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| July 29, 1949 | W Carroll Cantom Deputy Local | Landon M. Brooks | Sparks, Md |

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AUG 2 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16553

# CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Carmel (Rural) — LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Carmel (Rural)
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) EDWARD — (Middle) B — (Last) MILLER

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1949

5. SEX: M. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Jan 9 1870 — 9. AGE last birthday: 79 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Thomas Miller — 14. MOTHER'S MAIDEN NAME: Margaret Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mrs Edw B Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Chronic Interstitial Nephritis — ?

1310 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Renal Vascular Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16, 1947, to July 9, 1949, that I last saw the deceased alive on July 5, 1949, and that death occurred at 4 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Joseph E Bush M.D. — Hampstead Md — 7/9/49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — July 11/49 — Mt Carmel — Balto Co Md.

DATE REC'D BY LOCAL REG. 7-9-49 — REGISTRAR'S SIGNATURE Mary B. Eline. — 24. FUNERAL DIRECTOR — ADDRESS

Edw Clifton Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

06554

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 4 mos. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3 Lloyd Street

**3. NAME OF DECEASED** (Type or Print): (First) Walter (Middle) (Last) Moller

**4. DATE OF DEATH**: (Month) July (Day) 14, (Year) 1949

**5. SEX**: male

**6. COLOR OR RACE**: white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): single

**8. DATE OF BIRTH**: 12-1-1895

**9. AGE** last birthday: 53 yrs. If under 1 year: Months: 7 Days: 13 If under 24 hrs.: Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): handyman

**10b. KIND OF BUSINESS OR INDUSTRY**: odd jobs

**11. BIRTHPLACE** (State or foreign country): New Jersey

**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13. FATHER'S NAME**: Burnhart H. Moller

**14. MOTHER'S MAIDEN NAME**: Unknown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If year, give war or dates of service):

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT AND ADDRESS**: Hospital Records

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Bronchopneumonia, left lower lobe | 3 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary heart disease | Indef. |
| | (c) | |

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify):

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:

**INJURY OCCURRED** While at Work ☐ Not While At work ☐

**HOW DID INJURY OCCUR?**:

**22.** I hereby certify that I attended the deceased from Feb. 22, 1949, to July 14, 1949, that I last saw the deceased alive on July 14, 1949 and that death occurred at 2:40 p.m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuelk, M.D. (Degree or title) — ADDRESS: Catonsville-28-Md. — DATE SIGNED: 8-5-49

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE: 8-15-49 — NAME OF CEMETERY OR CREMATORY: Spring Grove State Hospital — LOCATION (City, town, or county) (State): Catonsville 28, Md.

DATE REC'D BY LOCAL REG.: 8/15/49 — REGISTRAR'S SIGNATURE: T E Harry

**24. FUNERAL DIRECTOR** — ADDRESS: Spring Grove State Hospital, Catonsville 28 Md.

RECEIVED
AUG 18 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06555

## CERTIFICATE OF DEATH

mt BC

Reg. Dist. No. 30

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Cecedo Knoll

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Md County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 306 Westshire Road (If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME** Regina Monaghan

**3. (b) Social Security Number** None

4. Sex: Female

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: Late James P. Monaghan

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Dec. 24, 1862

**8. AGE:** Years 86 | Months 6 | Days 21 | If less than one day ... hrs. ... min.

9. Birthplace: Balto. Md (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Adam Kraft
13. Birthplace: — Unknown

MOTHER
14. Maiden name: Anna —
15. Birthplace: — Unknown

16. Informant: Mrs. Dolores Johnson

Address: 306 Westshire Road

17. Burial (Burial, cremation, or removal, Which?) Date thereof: 7/18/49 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: 4300 Old Frederick Rd

18. Funeral director: Harry A. Nitzke

Address: 4101 Edmondson Ave

19. 7/17/49 19 (Date rec'd by registrar) V.E. Harry Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/15/49 19 ... at 5:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947, to July 15 1949 and that I last saw her alive on July 13 1949

Immediate cause of death: arteriosclerotic heart disease

DURATION: about 5 years

Due to

Due to: 420.0

93d

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Leo J. Gover M.D. M. D. or other

Address: 1 Mallow Hill ave Date signed: 7/16/49

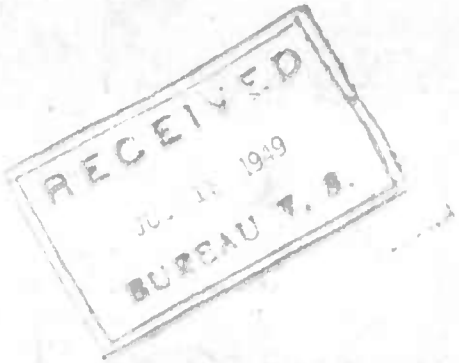
VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6 P.M.
Malbow Hill

RECEIVED
JUL 1 1949
BUREAU T. S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

P6556

Reg. Dist. No. 47

1. PLACE OF DEATH
COUNTY: Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 28 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 208 S. Charles Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) MOORE

4. DATE OF DEATH: (Month) July (Day) 31, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-13-90

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Worked on the Water front

11. BIRTHPLACE (State or foreign country): Queen Co., Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-01-5584 Unknown

17. INFORMANT AND ADDRESS: Clin.Rec. Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Unknown

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-2-, 1949, to 7-31-, 1949, that I last saw the deceased alive on 7-31-49, 19..., and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE: H.C. Manaugh
(Degree or title): H.C. MANAUGH, M.D.
ADDRESS: Chief Pro. Services VAH, Ft.Howard, Md.
DATE SIGNED: 8-1-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 8-3-49
NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemty
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 8-3-49
REGISTRAR'S SIGNATURE: C. W. Hedrick
24. FUNERAL DIRECTOR ADDRESS: Walter Spriggs, Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

D6557

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard, Md.
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1704 Parker's Ct.

3. NAME OF DECEASED (Type or Print): (First) Clifton (Middle) (Last) Morris

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/2/88

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Junk Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Junk Dealer

11. BIRTHPLACE (State or foreign country): Middlesex Co., Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Morris

14. MOTHER'S MAIDEN NAME: Mattie Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 212-12-6820

17. INFORMANT: Clin.Rec.Vets.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11-, 1949, to 7-17, 1949, that I last saw the deceased alive on 7-17- 1949, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE W.L. FLECK, M.D. (Degree or title) ADDRESS VAH, FT. HOWARD, MD. DATE SIGNED 7-17-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 7/20/49 | NAME OF CEMETERY OR CREMATORY: National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/20/49 | REGISTRAR'S SIGNATURE K W Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Charles R. Law, 802 Madison Ave., Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH Bc

2411 N. Charles Street, Baltimore

06558

# CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (In this place) 1yr 2mo 28dy
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE.
STREET ADDRESS (If rural give location) 4911 Cordelia Ave

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) May (Last) MUHLY

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: NOV 21, 1923

9. AGE last birthday: 25 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): BALTIMORE City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: GEORGE HOLLAND.

14. MOTHER'S MAIDEN NAME: Dora JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Pulmonary Tuberculosis. — Interval Between Onset and Death: 14 mos.

131 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1948, to July 28, 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at 3:25 m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Milton B. Kress M.D.

ADDRESS: Eudowood Sanatorium, Towson 4, Md.

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: July 30/49

NAME OF CEMETERY OR CREMATORY: Baltimore

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 7/29/49

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR AND ADDRESS: Young Byers 3005 Pk Heights Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

D6550

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1710 Lynch Rd.; MARYLAND; LENGTH OF STAY (In this place) 8 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1710 Lynch Rd.; STREET ADDRESS (If rural, give location) Sundale 22 mi

3. NAME OF DECEASED (Type or Print): (First) Lottie May (Middle) (Last) Murray

4. DATE OF DEATH: (Month) July (Day) 25th (Year) 49

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 6 1873

9. AGE last birthday: 75 yrs.

If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? Am.

13. FATHER'S NAME: Richard Murray

14. MOTHER'S MAIDEN NAME: Roberta Yancey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Robert Murray (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

490

Antecedent cause(s)

108

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20 1949 to July 25 1949, that I last saw the deceased alive on July 25 1949 and that death occurred at 11:40A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. P. Thomas, M.D. ADDRESS 1 Dennis St DATE July 28 1949

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE: July 28 1949

NAME OF CEMETERY OR CREMATORY: Evergreen Cem.

LOCATION (City, town, or county) (State): Buffalo Junction Va

DATE REC'D BY LOCAL REG. 7/27/49

REGISTRAR'S SIGNATURE: A. N. Hedrick

24. FUNERAL DIRECTOR: Elroy O. Wilson

ADDRESS: 1000 Bromby Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

16564

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bengies
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balts.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) Box 460 Rt. 14 Balto. 20

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) Pauline (Last) Nesselrode

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 1891

9. AGE last birthday: 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edgar Sanders

14. MOTHER'S MAIDEN NAME: Margie J. Grove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Noah Nesselrode

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 Immediate cause (a) CARCINOMA - BREAST - METASTASES — Interval between onset and death: 3 years

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31/, 1946, to 7/3/, 1949, that I last saw the deceased alive on 7/3/, 1949, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Benj. B. Moses M.D. 448 W. Lexington Ave. Balto. Md. 7/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE: 7/7/49 — NAME OF CEMETERY OR CREMATORY: Moreland Park. — LOCATION (City, town, or county) (State): Balto Co

DATE REC'D BY LOCAL REG. 7-8-49 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: J J Brzezynski — ADDRESS: 1707 Eastern Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 06561 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 132 S. Morley Street

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) (Last) OSTROM

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-6-25

9. AGE last birthday: 23 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Morristown, New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar Ostrom

14. MOTHER'S MAIDEN NAME: Mildred Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

178 **Immediate cause** (a) SARCOMA OF TESTIS WITH GENERALIZED METASTASES — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

51C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1949, to July 8, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 3:07 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. L. FIECK, M. D. W. L. Fieck

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 7-8-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/11/49

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: July 9th, 1949

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Howard Blight

ADDRESS: 6009 Harford Road, Baltimore, Maryland

Howard N. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06562

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1730 Langley Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River
STREET ADDRESS (If rural, give location): 1730 Langley Road

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| MARY | V. | PARKS | July 3, 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | Jan. 9, 1918 | 31 yrs. | 5 | 24 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Frederick, Md. | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Jesse Wiles | Maria (Unknown) |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | None | Francis A. Parks, 1730 Langley Rd., |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 171 Immediate cause | (a) Carcinoma of cervix uteri | 20 mos. |
| Antecedent cause(s) | | |
| 48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from May, 1948, to July, 1949, that I last saw the deceased alive on about April 20 1949, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Mitchell F. Miller | M.D. | 1405 Eutaw Pl. Balto 17 | 3 July 49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 7/5/49 | Moreland Park | Baltimore County, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7-5-49 | A. W. Fedrick | William Cook, Inc., | 1217 St. Paul St. |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06563

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1707 E. Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson ( Loch Raven Blvd.)
STREET ADDRESS (If rural, give location): 1707 E. Joppa Road

3. NAME OF DECEASED (Type or Print): (First) LILLIE (Middle) GENEVIA (Last) PATRICK

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 29, 1876

9. AGE last birthday: 73 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Scott Co., Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aaron Hartsock

14. MOTHER'S MAIDEN NAME: Margaret Dorton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Dock Elbert Patrick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 **Immediate cause** (a) Pulmonary edema — Interval between onset and death: 1 day

930 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardio-vascular disease
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to July, 1949 that I last saw the deceased alive on 7/1, 1949, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

SIGNATURE: Gordon Groom (Degree or title) MD ADDRESS: 8523 Loch Raven Blvd. DATE SIGNED: 7/3/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: July 5, 1949
NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park
LOCATION (City, town, or county) (State): Parkville, Maryland

DATE REC'D BY LOCAL REG.: 7/5/49
REGISTRAR'S SIGNATURE: W. Carroll Vansant Deputy Local
24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md.
ADDRESS:

RECEIVED
JUL 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. Be 06564

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

**1. PLACE OF DEATH**
COUNTY: Baltimore County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowley's Quarters
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Water in front of 3164 Burke Road

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1805 N. Collington Avenue ✓

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | KENNETH | R | PERKINS Jr. | | July | 14 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Single | II-2-1942 | 6 yrs. | 8 | 12 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Child | | Baltimore City, Md. | U.S.A. |

13. FATHER'S NAME: Kenneth R. Perkins
14. MOTHER'S MAIDEN NAME: Evelyn M. Cook

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | None | Mr. Kenneth R. Perkins, 1805 N. Collington Ave |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 799.8 Immediate cause | (a) Drowning | |
| 183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | River | Bowley's Quarters | Baltimore | Md. |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|
| July 14, 1949 10:50 a.m. | | Drowned while bathing |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Emil Reyer | M.D. | 700 Fleet Street., Balto., Md. | 7-15-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 7-18-49 | Sacred Heart | Balto:, County, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| July 16, 1949 | R. W. a.w. Hedrick | George J. Ruth, Inc. | 1735 Harford Avenue |

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

06565

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay Shore Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 118 W. Susquehanna Avenue

3. NAME OF DECEASED (Type or Print) (First) IONA (Middle) LUCY (Last) PETERS

4. DATE OF DEATH (Month) July (Day) 4, (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov. 16, 1936

9. AGE last birthday 12 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolgirl

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Peters

14. MOTHER'S MAIDEN NAME Nona Wastler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Nona W. Peters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.4 Immediate cause (a) DROWNING –

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Bay Shore Park Ave. (CITY OR TOWN) NR. SPARROWS PT. (COUNTY) BALTO. (STATE) Md.

TIME OF INJURY (Month) July (Day) 4 (Year) 49 (Hour) 12:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Stepped into deep hole & drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said ~~Autopsy, Inspection or~~ Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J B Davis M D (Degree or title) Dep. Med. Exam. ADDRESS Dundalk, Md. DATE SIGNED 7/5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 7, 1949

NAME OF CEMETERY OR CREMATORY St. John's Luthern Cem.

LOCATION (City, town, or county) Sweet Air, Balto. Co., Md. (State)

DATE REC'D BY LOCAL REG. 7-9-49

REGISTRAR'S SIGNATURE (Acting) Robert E. Farber

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Maryland ADDRESS

Henry C. Crusse

RECEIVED
JUL 12 1949
BUREAU V. A.

Evidence for change of birth date is shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

66566

# CERTIFICATE OF DEATH

FILM No. G 121 JUL 15 1949

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (In this place) 18 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural, give location) 18 Dreher Ave

3. NAME OF DECEASED (Type or Print): (First) Geneva (Middle) Somers (Last) Phillips

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12/1/1868

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Henry Somers

14. MOTHER'S MAIDEN NAME: Lenora Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Capt. Raymond W. Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Chronic Myocarditis

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c) Senility.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Several years, 19..., to 7-8-, 1949, that I last saw the deceased alive on July 7, 1949, and that death occurred at 7.4 a.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) D. E. E. Nichols ADDRESS Pikesville 8 DATE SIGNED July 7-9-49

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial; DATE THEREOF July 11-49; NAME OF CEMETERY OR CREMATORY Lorraine; LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REG. 7-9-49; REGISTRAR'S SIGNATURE D. E. E. Nichols

24. FUNERAL DIRECTOR Frank H. Newell ADDRESS Pikesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Bc 06567

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 414 S. Monroe Street

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) C. (Last) POLLER

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-1-1885

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Poller

14. MOTHER'S MAIDEN NAME: Mary Schreitle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 / 83a

Immediate cause (a) Right subdural hematoma — Interval between onset and death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) M.B. DAVIS, M.D. — ADDRESS M.B. Davis MD Dept Med Examiner Dundalk Md — DATE SIGNED 7-21-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 7/22/49 | REGISTRAR'S SIGNATURE H.W. Hedrick Jr

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd., Balto., Md.
Mildred T. Blight, Funeral Director

M

06568

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CHARLES - L - PORTER

4. DATE OF DEATH (Month) (Day) (Year) July 2 1949

5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Nov 29-1876
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Sharpener
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nathan Porter
14. MOTHER'S MAIDEN NAME Eliza J. Savey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Mrs Charles L. Porter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of r.lung

163 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47d (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 mo. since detection

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 1949
19b. MAJOR FINDINGS OF OPERATION same
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-, 1947 to July 1, 1949, that I last saw the deceased alive on July 1, 1949, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. Walter Landau, M.D. ADDRESS July 2 DATE SIGNED July 2, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 4/49
NAME OF CEMETERY OR CREMATORY Hampstead
LOCATION (City, town, or county) (State) Carroll Co, Md

DATE REC'D BY LOCAL REG. 7-2-49
REGISTRAR'S SIGNATURE Mary B. Eline
24. FUNERAL DIRECTOR Edw. C. Tipton ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
JUL 8 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06569

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location) Chestnut Ridge

3. NAME OF DECEASED (Type or Print): (First) Augusta (Middle) (Last) Price

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 1, 1863

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Reinecker

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Raymond S.Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 1 week |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) arteriosclerosis | 5 yrs |
| | (c) Hypertension | years |

331
830

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-30, to 7-9-49, that I last saw the deceased alive on 7-8-49, and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James L. Hall, M.D. ADDRESS Reisterstown Md DATE SIGNED 7-10-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 12, 1949
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 7-11-49
REGISTRAR'S SIGNATURE: Mary B. Eline
24. FUNERAL DIRECTOR: J.F.Eline & Sons ADDRESS Reisterstown, Md.

RECEIVED
JUL 14 1949
BUREAU V. S.

06570

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY Baltimore - 19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard. LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 339 Denton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN US. [illegible]
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED (Type or Print) (First) Caleb. (Middle) Patrick. (Last) Pyles.
4. DATE OF DEATH (Month) July. (Day) 31. (Year) 1949

5. SEX Male.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 30/67
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mine foreman
10b. KIND OF BUSINESS OR INDUSTRY Coal.
11. BIRTHPLACE (State or foreign country) Birds Creek - W. Va
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Caleb Pyles.
14. MOTHER'S MAIDEN NAME Jane Manley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Ray Pyles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Inanition Fever. — 3 days.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile arteriosclerosis. — 7 yrs.

(c) and myocardial degeneration.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 27, 1949, to July 31, 1949, that I last saw the deceased alive on July 31, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Tollin M. D. 4908 North Point Rd Balto - 19 - Md. 7/31/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/3/49.
NAME OF CEMETERY OR CREMATORY Mowland Park
LOCATION (City, town, or county) Balto Co Md (State)

DATE REC'D BY LOCAL REG. 8/1/49
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR Wilhom Cook Dm. 1217 St Paul St
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

01571

Reg. Dist. No. 44

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

**1. PLACE OF DEATH**
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 207 Clay Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| CHARLES | T. | QUEEN | July | 30 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | Colored | Single | 6-1-23 | 26 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Mechanic | Auto | Annapolis, Maryland | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William Queen | Nancy Hall |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| Yes | WW II | unknown | Clin.Rec.Vets.Adm.Hosp., Ft.Howard, Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Heat Stroke Duration 2 days

**Antecedent cause(s)** 550.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 121

(b) Operation for ruptured appendix; appendiceal abscess; Heat spell; Obesity.

(c) Persistent thymus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 7-27-49 | Appendiceal Abscess | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 7-27, 1949, to 7-30, 1949, that I last saw the deceased alive on 7-30, 1949, and that death occurred at 11:07 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Norman Olevitz, M.D. Vet. Hosp Fort Howard 7-31-49

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 8-3-1949 | National Brewer Hill | ********** Annapolis, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 8-2-49 | A.W. Hedrick | Ethel Hicks, North West St., Annapolis, Md. |

Rahn

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 06572 30

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
20 Maple Drive

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Catonsville Ned. Town 28
(If outside city or town limits, write RURAL and give nearest town)

Street No. 20 Maple Drive
(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME**
DR. ERNEST H. RAHN

**3.(b) Social Security Number**
no

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | white | married |

6.(b) Name of husband or wife: Virginia S. Rahn

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 10, 1888

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 61 | | | ..... hrs. ..... min. |

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Physician

11. Industry or business: Own Practice

FATHER
12. Name: Henry Rahn
13. Birthplace: Md.

MOTHER
14. Maiden name: Jennie Yingling
15. Birthplace: Md.

16. Informant: Mrs. Ernest H. Rahn, wife
Address: 20 Maple Drive, Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/7/49 (month) (day) (year)

Cemetery or crematory: Loudon Park Cem.

Location: Balto., Md.

18. Funeral director: WM. J. TICKNER & SONS
Address: Balto., Md.

19. July 6 1949 (Date rec'd by registrar) A. W. Hedrich Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: 4 July 1949 at 4:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1945 to July 1 1949 and that I last saw him alive on 1 July 1949

| Immediate cause of death | DURATION |
|---|---|
| Coronary thrombosis | 4 hours |
| Due to Arteriosclerosis | 3 years |
| Due to 420.1 | |
| 940 | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: S. E. Proctor M. D. M. D. or other

Address: 1123 St. Paul St. Date signed: 4 July 1949

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of birth date & age shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

16573

FILM No. G 12 | JUL 28 1949

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville | LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson-4
STREET ADDRESS (If rural give location): 601 Coventry Road

3. NAME OF DECEASED (Type or Print): (First) R. (Middle) Wayne (Last) Ramsay
4. DATE OF DEATH: (Month) 7 - (Day) 4 - (Year) 1949

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 7-30-~~1889~~ 1891
9. AGE last birthday: 57 ~~59~~ yrs. | If under 1 year: Months 11 Days | If under 24 hrs.: Hours Min. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): inspector
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Coatesville, Penna.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert W. Ramsay
14. MOTHER'S MAIDEN NAME: Jane Faddis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Hospital records

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Psychosis with Meningo-encephalitic syphilis — Interval between onset and death: indefinite

025

Antecedent cause(s)

30b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-21, 1949, to 7-4, 1949, that I last saw the deceased alive on 7-4, 1949, and that death occurred at 8:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Isadre Tuerk, M.D., Clinical Director, SGSH, Catonsville-28, Md. 7-5-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 7 1949 | NAME OF CEMETERY OR CREMATORY: Landon | LOCATION (City, town, or county) (State): Paste & Frederick Road

DATE REC'D BY LOCAL REG. 7/5/49 | REGISTRAR'S SIGNATURE: V. E. Harvey

24. FUNERAL DIRECTOR: John A. Moran | ADDRESS: 3006 Baltic St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1949
BUREAU V. S.

Evidence for addition of #4 shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

FILM No. G 121 AUG -9 1949

Reg. Dist. No. 30 — 16574

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH**
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 28, Md
LENGTH OF STAY (in this place): 2M-28da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove Hosp.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Baltimore — COUNTY: Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3907 Burke Ave, Balto Md

**3. NAME OF DECEASED** (Type or Print): (First) Frances (Middle) M (Last) Reese

**4. DATE OF DEATH**: (Month) July (Day) 30, (Year) 1949

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Single

**8. DATE OF BIRTH**: 3-10-1866

**9. AGE** last birthday: 83 yrs. — If under 1 year: Months; If under 1 day: Days; If under 24 hrs.: Hours; Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Seamstress

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (State or foreign country): Baltimore Md

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13. FATHER'S NAME**: John Reese

**14. MOTHER'S MAIDEN NAME**: unknown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If year, give war or dates of service):

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT AND ADDRESS**: Miss Blanche Keene 2844 St Paul St Balto Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 422.1 Immediate cause | (a) Arterio-Sclerotic CVD Arterio-vascular disease | indef |
| Antecedent cause(s) | (b) | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

**22.** I hereby certify that I attended the deceased from 5/2, 1949, to 7/30, 1949, that I last saw the deceased alive on 7/30, 1949, and that death occurred at 9:40A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Abraham Schneidmuhl M.D. Spring Grove St Hosp 7/30/49

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE: 8-2-49 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Frederick Rd. Md

DATE REC'D BY LOCAL REG.: 7/30/49 — REGISTRAR'S SIGNATURE: V E Harris

**24. FUNERAL DIRECTOR** ADDRESS: John E Mitchell 1900 Eutaw Pl.

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

06575

Reg. Dist. No. X1

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7343 Manchester Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7343 Manchester Road.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) V. (Last) Reh

4. DATE OF DEATH (Month) JULY (Day) 29 (Year) 1949

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH ~~Unknown~~ about 1880
9. AGE last birthday about 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY TAILOR
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Pancratz Reh
14. MOTHER'S MAIDEN NAME Barbara Reh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-09-0231
17. INFORMANT Mrs Margaret Scheiner, 803 E. Fort Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD. (Degree or title) ADDRESS Dept Med. Examiner - Dundalk, Md. DATE SIGNED 7/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 1, 1949
NAME OF CEMETERY OR ~~CREMATORY~~ Sacred Heart
LOCATION (City, town, or county) (State) Baltimore Co., Md.

DATE REC'D BY LOCAL REG. 8-1-49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Roland L. Fisher, ADDRESS Dundalk, Md.

M

I

T

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06576

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

**1. PLACE OF DEATH**
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: House in the Pines

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 1300 Summit Ave.

**3. NAME OF DECEASED** (Type or Print): (First) HOWARD (Middle) HOLLIDAY (Last) RICE

**4. DATE OF DEATH**: (Month) July (Day) 15, (Year) 1949

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: 7/31/1885

**9. AGE last birthday**: 63 yrs. — If under 1 year: Months; Days: 16; If under 24 hrs.: Hours; Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Auditor

**10b. KIND OF BUSINESS OR INDUSTRY**: Insurance

**11. BIRTHPLACE** (State or foreign country): Millerstown, Pa

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: Howard H. Rice

**14. MOTHER'S MAIDEN NAME**: Mary E. Black

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If year, give war or dates of service): No

**16. SOCIAL SECURITY NO.**: 482-01-0827

**17. INFORMANT**: Mrs Lucille L. Rice

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193 **Immediate cause** (a) Glioblastoma Multiforme, Left Frontal Lobe — Interval Between Onset and Death: 1 year.

54a **Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**: April 1949

**19b. MAJOR FINDINGS OF OPERATION**: As above

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to July, 1949, that I last saw the deceased alive on July 15, 1949, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Mrs. L. Speed M.D. — ADDRESS: 11 E. Chase St. — DATE SIGNED: 7/16/49

**23. BURIAL, CREMATION, REMOVAL** (Specify): Cremation — DATE: 7/18/49 — NAME OF CEMETERY OR CREMATORY: Riverview Cem. — LOCATION (City, town, or county) (State): Millerstown Pa.

DATE REC'D BY LOCAL REG.: 7-17-49 — REGISTRAR'S SIGNATURE: V. E. Farrs

**24. FUNERAL DIRECTOR** — ADDRESS: Easton Sons - Catonsville

RECEIVED
JUL 15 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

Pc 16577

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place) 14 yrs-7 das; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3640 Buena Vista Avenue

3. NAME OF DECEASED (Type or Print): (First) Gladys (Middle) C. (Last) Riley

4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: 8-6-99

9. AGE last birthday: 49 yrs. If under 1 year: Months 11; Days 23; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): White Hall, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Riley

14. MOTHER'S MAIDEN NAME: Mary ? Rosier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

355 **Immediate cause** (a) Convulsions

87e **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cortical atrophy

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. undetermined

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☑, *Inspection* ☐, *Inquiry* ☑ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☑.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo. M. Kieffer M.D. Deputy Med Exam Balto Co. 1010 Leadenhall 7-29-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 1, 1949

NAME OF CEMETERY OR CREMATORY: Lorraine Park

LOCATION (City, town, or county) (State): Baltimore Co., Maryland

DATE REC'D BY LOCAL REG.: July 30th 1949

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: 3631 Falls Road

VS. A15A

BALTIMORE CITY HEALTH DEPARTMENT

# CERTIFICATE OF DEATH

Registered No. 06578

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BERTHA BECKER RIPPEL

2. DATE OF DEATH: July 26, 1949

3. PLACE OF DEATH:
A. Baltimore ~~City~~, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6316 Mossway
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6316 Mossway

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| female | white | widowed | Jan. 16, 1897 | 52 yrs. | | | | |

| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| housewife | home | Baltimore, Md. | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Henry Becker | Emma Koehlert |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS |
|---|---|---|---|
| - | - | Mr. John C. Rippel | 6316 Mossway |

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Death occurred at time of thrombosis

ANTECEDENT CAUSES
420.0
93d
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arterio sclerotic heart disease — DUE TO — 1 year

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

| 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | YES ☐ NO ☐ |

| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
|---|---|---|
| | | |

| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
|---|---|---|
| m. | WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | |

22. I hereby certify that I attended the deceased from Nov. 1947 to July 26, 1949 that I last saw the deceased alive on July 26 1949 and that death occurred at 7 p m., from the causes and on the date stated above.

| 23A. SIGNATURE | 23B. ADDRESS | 23C. DATE SIGNED |
|---|---|---|
| Franklin E. Leslie M. D. | 1101 St Paul St | July 27, 1949 |

| 24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 7/28/49 | Greenmount Cem. | Balto., Md. |

| DATE RECEIVED BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| JUL 28 1949 | Huntington Williams, M.D. | WM. J. TICKNER & SONS | Balto., Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06579

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STATE: MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7215 York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 7215 York Rd.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELIZABETH (Last) RODGERS

4. DATE OF DEATH: (Month) July (Day) 29, (Year) 19 49

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 22, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Galbreath Rodgers

14. MOTHER'S MAIDEN NAME: Elizabeth Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: no

17. INFORMANT: Mrs. Elizabeth N. Baird 523 Orkney Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 33 | Immediate cause | (a) Cerbral Hemorrhage | 24 hrs |
| 83a | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arterio-Sclerosis | unknown |
| | | (c) Advanced age | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1948, to July 29 1948, that I last saw the deceased alive on 7-28-, 19 49, and that death occurred at 8:30 m., from the causes and on the date stated above.

SIGNATURE: Te B. Ensor (Degree or title) M.D. ADDRESS: 7201 York Rd DATE SIGNED: 7-29-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 8/1/49
NAME OF CEMETERY OR CREMATORY: Govans Presby. Cem
LOCATION (City, town, or county) (State): Govans Md.

DATE REC'D BY LOCAL REG.: July 30th 1949
REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1949 PS-06580

Reg. Dist. No. 57

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; LENGTH OF STAY (in this place) 4 Mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Memorial Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey; COUNTY Middlesex; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Metuchen; STREET ADDRESS (If rural, give location) 43 Ann Street

3. NAME OF DECEASED (Type or Print): (First) ~~Elijah~~ Isaiah; (Middle); (Last) Rolfe

4. DATE OF DEATH: (Month) July; (Day) 30; (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: July 31, 1864

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman - Retired

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): New Jersey, U.S.a.

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: John H. Rolfe

14. MOTHER'S MAIDEN NAME: Mary O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): 1st World War

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Robert Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency

421.4 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

92d (b) Renal arteria Sclerosis, Chronic

(c) Endocarditis, Senility

INTERVAL BETWEEN ONSET AND DEATH: 4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to July 30, 1949, that I last saw the deceased alive on July 29th, 1949, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel H. Thos. Jenifer M.D. Towson 4, Md. July 30th 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Aug 2, 1949

NAME OF CEMETERY OR CREMATORY: Metuchen Presbyterian

LOCATION (City, town, or county) (State): Metuchen, New Jersey

DATE REC'D BY LOCAL REG. 7-31-49

REGISTRAR'S SIGNATURE: Wilmer C. Ensor

24. FUNERAL DIRECTOR: Landon M. Brookes ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

86581

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Middle River · Balto MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Jy Hall.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; STREET ADDRESS (If rural, give location) 9 Fairway Road.

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) (Last) Rubland.

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb 10 - 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wash. D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Henry Rubland.

14. MOTHER'S MAIDEN NAME: Mary Wagner.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Dr. James F White.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350 Immediate cause (a) Parkinson's Disease — Interval Between Onset and Death: 3 yrs

87c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: no

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): no (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1946 to July 10, 1949, that I last saw the deceased alive on July 10, 1949, and that death occurred at 5-A m., from the causes and on the date stated above.

SIGNATURE James F White M.D. (Degree or title) ADDRESS 427 Eastern Ave, Baltimore, 21, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/13/49

NAME OF CEMETERY OR CREMATORY: Friendship

LOCATION (City, town, or county) (State): Arundel Co. Md.

DATE REC'D BY LOCAL REG.: July 9th

REGISTRAR'S SIGNATURE: Henry Busse

24. FUNERAL DIRECTOR: John D Connelly ADDRESS: Essex.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

P6582

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson | LENGTH OF STAY (in this place) 4 mo. 2 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital, Mt. Wilson, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 47 N. Potomac St.

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) Elizabeth (Last) Savage

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 10/1/19

9. AGE last birthday: 29 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Harry Crumbacker

14. MOTHER'S MAIDEN NAME: Flora Zombro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-1608-04

17. INFORMANT: Jane E. Savage

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 18 months

Antecedent cause(s)

002

138

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9, 1949, to 7/11, 1949, that I last saw the deceased alive on 7/11, 1949, and that death occurred at 10:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stewart S. Shaffer. Supt. M D Mt. Wilson, Md. 7/11/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 7/14/49 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG. 7/11/49 | REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR: Scott T. Minnich & Son, Hagerstown, Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville | LENGTH OF STAY (In this place) One day
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Bellon Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
   STREET ADDRESS (If rural, give location) 509 Cathedral Street

3. NAME OF DECEASED (Type or Print): (First) VIRGINIA (Middle) (Last) SAULSBURY

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 7-26-49

9. AGE last birthday: 35 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Elmer Voith

14. MOTHER'S MAIDEN NAME: Emma N. Lowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-12-1854

17. INFORMANT: Mrs. A. N. Faulkner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral hemorrhage

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

William J. McClafferty, M.D. 700 Fleet Street 7-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7-28-49 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Easton (State) Md.

DATE RECD BY LOCAL REG. 7/28/49 | REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR J. Reed Meredith | ADDRESS Leighton Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

P6584

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 15 Box 258

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; STREET ADDRESS (If rural, give location) Rt 15 Box 258

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) BAILEY (Last) SCARBOROUGH

4. DATE OF DEATH: (Month) July (Day) 4th (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 2-16-69

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mail Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel - Unk.

14. MOTHER'S MAIDEN NAME: Jane - Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Gladys D. Stroh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2 Immediate cause (a) Heart Failure, Congestive — Interval Between Onset and Death: 1 yr Mos.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocarditis, Chronic — 2 yrs.

(c) Arthritis, hypertropic, — 2 1/2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1947, to July, 1949, that I last saw the deceased alive on July 4th, 1949, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas B. Taylor M.D. ADDRESS 815 Eastern Ave Balto, Md DATE SIGNED July 6, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6-7-49 — NAME OF CEMETERY OR CREMATORY: Moreland Park — LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG.: July 7th — REGISTRAR'S SIGNATURE: Henry Crusa

24. FUNERAL DIRECTOR: John S. Connelly — ADDRESS: 418 Eastern Ave Balto 21 Md.

RECEIVED
JUL 14 1949

06585

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 40

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME**: Sister Mary Palladia Schaub

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | single |

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): March 21, 1878

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 71 | 4 | 6 | ... hrs. ... min. |

9. Birthplace: Pittsburg, Pa
(Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

FATHER
12. Name: Theodore Schaub
13. Birthplace: Pittsburgh Pa

MOTHER
14. Maiden name: Josephine Lofink
15. Birthplace: Pittsburgh

16. Informant: Sr. Mary Clara

Address: Notch Cliff, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 29/1949 (month) (day) (year)

Cemetery or crematory: Notch Cliff

Location: Glen Ave

18. Funeral director: Geo M. Frank Son

Address: 811 N Wolfe St

19. 7/27/49 (Date rec'd by registrar) 19 [signature] Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1949, at 6.35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 16 1949, to July 27 1949 and that I last saw her alive on July 26 1949

Immediate cause of death: Carcinoma (Sigmoid) — DURATION: 7 yr.

Due to

Due to: 153
46 e

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: [signature] M.D. M. D. or other

Address ... Date signed

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

RECEIVED
AUG 3 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

06586

Reg. Dist. No. 45

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Middle River, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Middle River, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Middle River Road
(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME**
RALPH W.E. SCHENKEL

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | white | married |

6.(b) Name of husband or wife: Carrie Bierman Schenkel

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 7th, 1878

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 71 | | 2 | ..... hrs. ..... min. |

9. Birthplace: Baltimore County, Md.
(Town, county, and state)

10. Usual occupation: Truck Farmer

11. Industry or business

FATHER
12. Name: Leonard Schenkel
13. Birthplace: Germany

MOTHER
14. Maiden name: Louise Myers
15. Birthplace: N.Y.

16. Informant: Mrs. Ralph W.E. Schenkel
Address: Middle River Road

17. burial (Burial, cremation, or removal. Which?) Date thereof: 7/12/49 (month) (day) (year)

Cemetery or crematory: Oak Lawn

Location: Baltimore, Md.

18. Funeral director: Lassahn Funeral Home
Address: 7401 Belair Road

19. 7/12 (Date rec'd by registrar) 1949 A.W. Hedrick Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: July 9 1949 at 6:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1946 to July 1949 and that I last saw h[illegible] alive on July 5 1949

Immediate cause of death: Cancer - Pancreas — DURATION: 3 yrs

Due to

Due to

Other conditions: 157 46g (Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma of Pancreas — Date of op. May 26-49

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Joseph P. Cershay M.D. M. D. or other

Address: 30 Chandelle Rd, Balt. Date signed: July 9, 19[illegible]

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06587

# CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rosedale - Rural Baltimore
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7717 Philadelphia Rd.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rosedale - Rural Baltimore
STREET ADDRESS (If rural, give location): 7717 Philadelphia Rd.

**3. NAME OF DECEASED (Type or Print)**: (First) BERNARD (Middle) (Last) SCHIPHORST

**4. DATE OF DEATH**: (Month) July (Day) 18, (Year) 1949

**5. SEX**: male

**6. COLOR OR RACE**: white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)**: Married

**8. DATE OF BIRTH**: Dec. 14, 1880

**9. AGE last birthday**: 68 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**: butcher -retired

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE (State or foreign country)**: Germany

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13. FATHER'S NAME**: Bernard Schiphorst

**14. MOTHER'S MAIDEN NAME**: Helen Hutteman

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)**: No
(If year, give war or dates of service):

**16. SOCIAL SECURITY No.**: 219-05-6900

**17. INFORMANT**: 7717 Phila. Rd. -6
Mrs. Marie S. Schiphorst

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Cardiac asthma — 2 days

95c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)**:

**PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**INJURY OCCURRED** While at Work ☐ Not While At work ☐

**HOW DID INJURY OCCUR?**

**22.** I hereby certify that I attended the deceased from July 16, 19..., to July 18, 19..., that I last saw the deceased alive on July 18, 19..., and that death occurred at 6 Pm m., from the causes and on the date stated above.

SIGNATURE: Frederick Ruzicka Sr (Degree or title) — ADDRESS — DATE SIGNED

**23. BURIAL, CREMATION, REMOVAL (Specify)**: burial

**DATE**: 7/21/49

**NAME OF CEMETERY OR CREMATORY**: Parkwood Cemetery

**LOCATION (City, town, or county) (State)**: Baltimore, Md.

**DATE REC'D BY LOCAL REG.**: 7/21/49

**REGISTRAR'S SIGNATURE**: H W Hedrick

**24. FUNERAL DIRECTOR** — ADDRESS
HENRY SANDER & SONS, INC.
BALTIMORE - 13, MARYLAND

# CERTIFICATE OF DEATH

BIRTH NO. (over) Bc Registered No. 06588

1. NAME OF DECEASED (Type or Print): ALFRED W. SCHLEMMER

2. DATE OF DEATH: July 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake Roland, Lake Station, Ruxton, Maryland
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2206 Gibbons Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 19-1904
9. AGE (In years last birthday): 45 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed
10B. KIND OF BUSINESS OR INDUSTRY: Stove
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Schlemmer
14. MOTHER'S MAIDEN NAME: Carolina Sweitzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Marie Schlemmer — ADDRESS: 2206 Gibbons

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Drowning
DUE TO (~~Probably~~ suicide) Possibly [8/5/49 akc]

975
164b

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lake
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Lake Roland, Balto. Co. Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-7-49 ? a m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? ~~Probably~~ Possibly jumped into lake. (7-26-49-ams)

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [X], homicide [ ], undetermined [ ].* (possibly)

23A. SIGNATURE: William J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 7-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-11-49
24C. NAME OF CEMETERY OR CREMATORY: Moreland Pk
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: July 9th 1949
REGISTRAR'S SIGNATURE: R.W.
25. FUNERAL DIRECTOR: Leonard J. Luck — ADDRESS: 5305 Harford Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of #21 shown on:

FILM No. G 121 JUL 27 1949

Evidence for change in cause of death is shown on:

FILM No. G 121 AUG -5 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS 432 Grundy St (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) ANDREW (Last) SCHNEIDER

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-5-1899

9. AGE last birthday: 49 yrs. If under 1 year (Months / Days) If under 24 hrs. (Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship fitter

10b. KIND OF BUSINESS OR INDUSTRY: Ship yard

11. BIRTHPLACE (State or foreign country): Baltimore, md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Peter Schneider

14. MOTHER'S MAIDEN NAME: Kunigunda Mueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —

16. SOCIAL SECURITY NO.: 213-07-1602

17. INFORMANT: Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

002

Antecedent cause(s)

138

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Onset about July 4 1945

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-11, 1946, to 7-2-, 1949, that I last saw the deceased alive on 7-1-, 1949, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

SIGNATURE: W A Bridges (Degree or title) M.D. ADDRESS: Eudowood Sanatorium, Towson 4, Md. DATE SIGNED: 7-2-49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE: 7-6-49; NAME OF CEMETERY ~~OR CREMATORY~~: SACRED HEART; LOCATION (City, town, or county) (State): GERMAN HILL RD.

DATE REC'D BY LOCAL REG.: 7/6/49; REGISTRAR'S SIGNATURE: A. W. Hedges; 24. FUNERAL DIRECTOR: Charles S. Zeiler; ADDRESS: 901 S Conkling St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

06591

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maglidt Ave Balto. County

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md.
STREET ADDRESS (If rural, give location) Maglidt Ave.

3. NAME OF DECEASED (Type or Print) (First) Louis (Middle) Stanley (Last) Schueler

4. DATE OF DEATH (Month) July (Day) 4 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 7, 1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Tobacco retail
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis Henry Schueler
14. MOTHER'S MAIDEN NAME Emma Rebecca Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Louis S. Schueler (Wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 93d Immediate cause | (a) Coronary occlusion, sudden | Sudden 7/4/49 |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic heart disease, myocarditis & hypertension | 1941 |
| | (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Rollin C. Hudson M.D. ADDRESS D.M.E. Towson 4, Md. DATE SIGNED 7/5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-8-49
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Balto Md (State)
DATE REC'D BY LOCAL REG. 7/7/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford

06590

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Daniels
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wright Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Daniels
STREET ADDRESS (If rural, give location) Wright Mill Rd

3. NAME OF DECEASED (Type or Print) (First) Roy Lee (Middle) Baby (Last) Scott
4. DATE OF DEATH (Month) July (Day) 22 (Year) 1949

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 22 49
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 17 Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Howard Co Md
12. CITIZEN OF WHAT COUNTRY? Ufa

13. FATHER'S NAME Roy S. Scott
14. MOTHER'S MAIDEN NAME Flome Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Roy S Scott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Atlectasis | 1 day |
| 762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | Premature birth | 7 mos |
| 159 | (c) | | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo. M. Kieffer Md Dep Med Exam Balto Co 1010 Leeds ave July 22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 23 1949.
NAME OF CEMETERY OR CREMATORY Good Shepherd
LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REG. July 23-49
REGISTRAR'S SIGNATURE Henry A. Owings
24. FUNERAL DIRECTOR Easton Sons, ADDRESS Ellicott City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06592

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Larchmont; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2508 Poplar Drive Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa.; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 127 E. Mt. Pleasant Ave.

3. NAME OF DECEASED (Type or Print): (First) EMILY (Middle) Z. (Last) SEEGER
4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1949

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 7, 1869
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Zippler
14. MOTHER'S MAIDEN NAME: Margaret Maclary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT: Mrs. Evelyn Seeger Boyd 2508 Poplar Dr./ Larchmont

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Chronic Myocarditis | 2 mos |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral Hemorrhage | 4 days |
| 422.1 / 93d | (c) Arteriosclerosis | 10 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Cerebral arteriosclerosis | 5 yrs |

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1949, to July 19, 1949, that I last saw the deceased alive on July 19, 1949, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M.D. 3403 Garrison Blvd July 20, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 7/20/49
NAME OF CEMETERY OR CREMATORY: Hillside Cem.
LOCATION (City, town, or county) (State): Montgomery Co. Pa.

DATE REC'D BY LOCAL REG. 7/20/49
REGISTRAR'S SIGNATURE: A. M. Bacon.
24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS. A15

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Bc 06593

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 19 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School; Owings Mills

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 3011 Clearview Ave. ✓

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Allah (Last) Shaw

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1/1/1919
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient; Rosewood State Training School
10b. KIND OF BUSINESS OR INDUSTRY Inmate
11. BIRTHPLACE (State or foreign country) Richmond, Va
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Harry L. Shaw
14. MOTHER'S MAIDEN NAME Cornelia Allah Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Rosewood State Training School Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Bronchopneumonia | 2 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Post-Encephalitic Parkinsonism | 21 years |
| | (c) Influenza | 4 days |

480
33a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1930, to 7/30, 1949, that I last saw the deceased alive on 7/30, 1949, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

SIGNATURE George C. Medairy M. D. (Degree or title) ADDRESS Owings Mills, Md DATE SIGNED 7/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/2/49
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 8/1/49
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR Leonard J. Luck - 5305 Harford Rd ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06594

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 8 mos. 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; STREET ADDRESS (If rural, give location) 203 Third Avenue ✓

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | William | W. | Sheerer | | July | 26 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | single | 1-1-1887 | 62 yrs. | 6 | 25 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| machinist | factory | Washington, D.C. | U.S. |

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| no | | | Hospital Records |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pneumonia | 3 days |
| 443 Antecedent cause(s) 932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cardiac decompensation | Indef. |
| | (c) Hypertensive cardiovascular disease | Indef. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Nov. 12, 1948, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 10:25 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) Isadore Tuerk, M.D. ADDRESS Catonsville-28-Md. DATE SIGNED 8-5-49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 8-15-49 | Spring Grove State Hospital | Catonsville 28, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 8/15/49 | V E Harry | Spring Grove State Hosp. Catonsville 28 Md. |

RECEIVED
AUG 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06595

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville.
LENGTH OF STAY (In this place) 5 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6100 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ma ryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville.
STREET ADDRESS (If rural, give location) 6100 Edmondson Ave.

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) Emory (Last) Shepherd

4. DATE OF DEATH (Month) (Day) (Year) July 22, 1949 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH February 1, 1878

9. AGE last birthday 71 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Paden City, W.Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME David Shepherd

14. MOTHER'S MAIDEN NAME Amanda Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Sarah S. Schwing, 6100 Edmondson Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Chronic Myocarditis

93d Antecedent cause(s) (b) Generalized Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH 3 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myasthenia Gravis possible

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1949, to July 9, 1949, that I last saw the deceased alive on July 9, 1949, and that death occurred at 3 30 P m., from the causes and on the date stated above.

SIGNATURE Geo McLean (Degree or title) MD ADDRESS 705 Med. Arts Bldg DATE SIGNED 7-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 7/23/49

NAME OF CEMETERY OR CREMATORY North View

LOCATION (City, town, or county) (State) New Martinsville, W.Va.

DATE REC'D BY LOCAL REG. July. 23. 1949

REGISTRAR'S SIGNATURE R.W. A.W. Hedrick

24. FUNERAL DIRECTOR ADDRESS William Cook, Inc., 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06596

## CERTIFICATE OF DEATH BC

Reg. Dist. No. 38

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs.

Hospital, Institution, or street address where death occurred: Presbyterian Home

How long in hospital or institution? 8 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md. County: ~~Baltimore~~

City or town: ~~Towson~~ Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. ~~Presbyterian Home~~
(If rural, give LOCATION)

2. ~~(a) If veteran, name war~~ Greenmount Ave. ✓

**3. (a) FULL NAME:** Laura Algia Shoemaker

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Single |

8. (b) Name of husband or wife

8. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 17, 1872

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 76 | 11 | 5 | ..... hrs. ..... min. |

9. Birthplace: Westminster
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Samuel Shoemaker
13. Birthplace: Md.

MOTHER
14. Maiden name: Emma Webster
15. Birthplace: Md.

16. Informant: Mrs. Twilah Elliott
Address: Presbyterian Home

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 7-25-49 (month) (day) (year)

Cemetery or crematory: Westminster

Location: Westminster, Md.

18. Funeral director: John O. Mitchell & Sons
Address: 900 Eutaw Place

19. 7/24 1949 (Date rec'd by registrar) M. Carroll Van Horn Deputy Local Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: July 22, 1949, at 7.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6, 1949, to July 21, 1949 and that I last saw her alive on July 21, 1949

Immediate cause of death: Coronary Occlusion

Due to: Arterio-Sclerosis & Hypertension

Due to:

Other conditions: 420.1 94a (Include pregnancy within 3 months of death)

DURATION: sudden / emb

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Kurt Greene Jr. M.D. M. D. or other

Address: Towson - 4 - Md. Date signed: 7/23/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

RECEIVED
AUG 2 1949
BUREAU V. S.

06597

Ba

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 38

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON — LENGTH OF STAY (in this place) 2 years, 1 mo. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS THE SHEPPARD AND ENOCH PRATT HOSPITAL | STREET ADDRESS (If rural give location) 2219 ROSELYN AVENUE |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) ELIZABETH | (Middle) | (Last) SHEPPARD | 4. DATE OF DEATH | (Month) JULY | (Day) 29 (Year) 1949 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE | 8. DATE OF BIRTH MARCH 28, 1869 | 9. AGE last birthday 80 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13. FATHER'S NAME THOMAS D. SHEPPARD | | | 14. MOTHER'S MAIDEN NAME CAROLYN HAMILTON | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT HOSPITAL RECORDS | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 Immediate cause | (a) Acute coronary occlusion | 3 days |
| 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic myocardial degeneration | Unk |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — Unk

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐ |

| | | | |
|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from JUNE 27, 1947, to JULY 29, 1949, that I last saw the deceased alive on JULY 29, 1949, and that death occurred at 9:45 A. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Harry M. Murdock M.D. | | Medical Director, Towson 4, Md. | July 29, 1949 |

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 7/30/49 | NAME OF CEMETERY OR CREMATORY Pohick | LOCATION (City, town, or county) Fairfax Co | (State) Va |
| DATE REC'D BY LOCAL REG. July 30th 1949 | REGISTRAR'S SIGNATURE RW. Hedrick | 24. FUNERAL DIRECTOR Wilhom Cook Inc | ADDRESS 1217 St Paul St | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06598

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1407 Chelton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 1407 Chelton Ave.

3. NAME OF DECEASED (Type or Print): (First) ANTOINETTE (Middle) K. (Last) SMITH

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 27, 1884

9. AGE last birthday: 64 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emil Kusch

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Paul S. Fowler 1407 Chelton Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170 Immediate cause (a) Metastatic Ca. of Rib Cage & Lungs — 6 mo

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca. of Breast — 7 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26, 1942, to 7-5, 1949, that I last saw the deceased alive on 7-5, 1949, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Nelson K. Gallagher M.D. Catonsville, Md. 7-7-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 7-8-49 | NAME OF CEMETERY OR CREMATORY: Arlington National Cem. | LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 7-7-49 | REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: George A. Farley | ADDRESS: Catonsville, Md

RECEIVED
JUL 12 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06599

# CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 KINSHIP RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 66 KINSHIP RD.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) SMITH (Last)

4. DATE OF DEATH (Month) JULY (Day) 2 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH JULY 11 1888

9. AGE last birthday 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY BETH STEEL CO.

11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME FRED SMITH

14. MOTHER'S MAIDEN NAME MARY WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT MRS. EMMA SMITH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma - Metastasis to chest

Antecedent cause(s) Brain, Hip etc -

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary site undetermined -

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 wks

199.8

54b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to July 2, 1949, that I last saw the deceased alive on June 30, 1949, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

SIGNATURE W B Davis MD (Degree or title) ADDRESS 3 Kinship Road Dundalk 22 DATE SIGNED 7/5/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE JULY 6 1949

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) (State) EASTERN BLVD BALTO. CO. MD

DATE REC'D BY LOCAL REG. 7-5-49

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Roland L. Fisher ADDRESS DUNDALK, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06660

44

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (in this place) 20 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) SMITH

4. DATE OF DEATH: (Month) July (Day) 11, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-22-94

9. AGE last birthday: 55 yrs. If under 1 year: Months 3, Days 16; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Howard Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas Smith

14. MOTHER'S MAIDEN NAME: Mary Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: 220-22-6418

17. INFORMANT: Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150 **Immediate cause** (a) Death during ether anesthesia for operation of carcinoma of esophagus. — Interval Between Onset and Death: Unknown

46a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-21-, 1949, to 7-11-, 1949, that I last saw the deceased alive on 7-11-, 1949, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W.L. FLECK, M. D. W. L. Fleck VAH, Ft. Howard, Md. 7-12-49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 7-16-49

NAME OF CEMETERY OR CREMATORY: Balto National

LOCATION (City, town, or county) (State): Balto [illegible], Md.

DATE REC'D BY LOCAL REG. 7-14-49

REGISTRAR'S SIGNATURE: John B. Loughman Dawson L. Farber

24. FUNERAL DIRECTOR ADDRESS: Higinbothom Funeral Home, Ellicott City, Md

VS. A15

RECEIVED
JUL 25 1949
BUREAU V. B.

06601

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: [illegible] |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 86 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm.Hosp.Ft. Howard, Md. | STREET ADDRESS (If rural, give location): 1903 N. Payson St. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Isaac | (Middle) G. | (Last) Snowden | 4. DATE OF DEATH | (Month) July (Day) 31 (Year) 1949 |
| 5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 7-14-14 | 9. AGE last birthday: 35 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver | 10b. KIND OF BUSINESS OR INDUSTRY: Unemployed | 11. BIRTHPLACE (State or foreign country): Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME: Isaac Snowden | 14. MOTHER'S MAIDEN NAME: Ella Thomas | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW II | 16. SOCIAL SECURITY No.: 214-03-3372 | 17. INFORMANT AND ADDRESS: Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md. | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis, far advanced | Unknown |
| 002 Antecedent cause(s) | | |
| 13t Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 5-9-, 1949, to 7-31-, 1949, that I last saw the deceased alive on 7-31-, 1949, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H.C. Marangh H.C. MARANGH, M.D. | Chief Pro. Ser. | VAH, Ft. Howard, Md. | 8-1-49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Aug 3, 1949 | NAME OF CEMETERY OR CREMATORY: National | LOCATION (City, town, or county) (State): Baltimore, Md. |
| DATE REC'D BY LOCAL REG.: 8/1/49 | REGISTRAR'S SIGNATURE: H.W. Hedrick Dm | 24. FUNERAL DIRECTOR: T. E. Kelsom, 1303 Presstman St. Balto.Md. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

06602

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2443 N. Calvert Street

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) E. (Last) SNYDER

4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 7-7-88

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Snyder

14. MOTHER'S MAIDEN NAME: Owa Garrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 212-09-9835

17. INFORMANT: Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

541.0 **Immediate cause** (a) Duodenal Ulcer with hemorrhage — Unknown

61 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes mellitus; Arteriosclerotic heart disease — 1 yr. plus; Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-22-, 1949, to 7-25-, 1949, that I last saw the deceased alive on 7-25-, 1949, and that death occurred at 12:10 A m., from the causes and on the date stated above.

SIGNATURE: W. L. Fleck (Degree or title) — ADDRESS — DATE SIGNED

W. L. FLECK, M.D. — Act. Chief Pro. Ser. — VAH, Ft. Howard, Maryland — 7-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/28/49 — NAME OF CEMETERY OR CREMATORY: Louden Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 7-26-49 — REGISTRAR'S SIGNATURE: C. W. Kelbrick

24. FUNERAL DIRECTOR — ADDRESS: Little Funeral Home, Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

06603

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 604 Marwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 604 Marwood Rd.

3. NAME OF DECEASED (Type or Print): (First) Penelope (Middle) Kay (Last) Sommers

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S | 8. DATE OF BIRTH: June 8, 1949 | 9. AGE last birthday: yrs. | If under 1 year: Months Days 29 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: Parent | 11. BIRTHPLACE (State or foreign country): Baltimore city U.S.A. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Karl D. Sommers | 14. MOTHER'S MAIDEN NAME: Lucille Box

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Infant | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Father Karl D. Sommers,

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

243 **Immediate cause** (a) Pulmonary edema, hemorrhagic — INTERVAL BETWEEN ONSET AND DEATH: 7/7/49

64 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Enlarged thymus — 30 days+

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Collins A. Hudson (Degree or title) M.D. ADDRESS Towson Md DATE SIGNED 7/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF July 9 1949 | NAME OF CEMETERY OR CREMATORY Woodlawn Funeral Home | LOCATION (City, town, or county) Gadsden, (State) Alabama

DATE REC'D BY LOCAL REG. 7/8/49 | REGISTRAR'S SIGNATURE W. Carroll Mayhew Deputy Local | 24. FUNERAL DIRECTOR John Burns' Sons, ADDRESS Towson Md.

VS. A15A

RECEIVED
JUL 12 1949
BUREAU V. S.

06604

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 42

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md COUNTY Balto. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 1709 Arlington Ave. | STREET ADDRESS (If rural, give location) 1709 Arlington Ave. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Victoria | (Middle) Hayden | (Last) Spamer | 4. DATE OF DEATH | (Month) July | (Day) 6 | (Year) 1949 |
| 5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow | 8. DATE OF BIRTH Sept. 29, 1871 | 9. AGE last birthday 77 yrs. | If under 1 year Months / Days | If under 24 hrs. Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13. FATHER'S NAME John F. Hayden | 14. MOTHER'S MAIDEN NAME Victoria Ogle | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Miss Clesta Hayden - 1709 Arlington Ave. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.0 Immediate cause | (a) Essential Hypertension, Severe | about 5 years |
| 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) arteriosclerotic heart disease | 10 years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Feb, 1949, to July 6, 1949, that I last saw the deceased alive on July 5, 1949, and that death occurred at 3:10A. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Leo J. Gaver | N.D. | 1 Mallow Hill Ave., Balto., Md | 7/6/49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/8/49 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) (State) Balto., Md. |
| DATE REC'D BY LOCAL REG. 7/7/49 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR WM. J. TICKNER & SONS | ADDRESS Balto., Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06605

# CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Midway Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural give location) 7 Midway Ave.

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) May (Last) Stapler

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: April 16, 1906

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sparrows Point, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Milton E. Webster

14. MOTHER'S MAIDEN NAME: Ella Rosa Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Sanford C. Stapler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix with

171 / 48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Seminal Metastasis.

(c)

INTERVAL BETWEEN ONSET AND DEATH: 28 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1947, to July 10, 1949 that I last saw the deceased alive on June 27, 1949, and that death occurred at 5.15 P.M., from the causes and on the date stated above.

SIGNATURE: W. C. Davis M.D. (Degree or title) ADDRESS: Dundalk Md. DATE SIGNED: 7/11/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: July 13, 1949; NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery; LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 7/12/49; REGISTRAR'S SIGNATURE: A. W. Hosier

24. FUNERAL DIRECTOR: Roland L. Fisher; ADDRESS: Dundalk, Md.

06606

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe (27)
STREET ADDRESS (If rural, give location) 4503 Linden Avenue

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) (Last) Steinwedel
4. DATE OF DEATH (Month) July (Day) 24 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 25, 1863
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jacob Wimmer
14. MOTHER'S MAIDEN NAME Margaret Snyder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Aspiration Pneumonia

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left femur

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☑ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital (CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) June (Day) 28 (Year) 1949 (Hour) 11-35 a m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Slipped and fell getting up from Chair

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo M Kieffer MD Deep Med Exam Baltimore
ADDRESS 1010 Leeds Ave
DATE SIGNED July 25 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/26/49
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 7/26/49
REGISTRAR'S SIGNATURE A. W. Hedrick JS
24. FUNERAL DIRECTOR William Cook Inc
ADDRESS 1217 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

06607

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

**1. PLACE OF DEATH**
COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woods below | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5620 Baltimore Rd. Halethorpe, Md.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Md. COUNTY: St. Marys.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
STREET ADDRESS (If rural, give location): R F D.

**3. NAME OF DECEASED (Type or Print)**: (First) JOSEPH (Middle) VERNON (Last) STONE

**4. DATE OF DEATH**: (Month) July (Day) 8 (est.) (Year) 1949

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | married | June 21-1904 | 45 yrs. | | 17 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farmer | Agriculture | Md. | U.S.A. |

13. FATHER'S NAME: Jos. F. Stone
14. MOTHER'S MAIDEN NAME: Mamie Goodwin

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| No. | none | none | Miss. L. Cryer |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 974 **Immediate cause** | (a) Suicide by Hanging. | 30 min. |
| 164c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | None. | Yes ☐ No ☐ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Woods. | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | Halethorpe | Balto. | Md. |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☐ | Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|---|
| July | 8 | '49 | ? m. | | | Hung himself. |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: noturol causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| D.D. Caples Asst. Med. Exam. | M.D. | Reisterstown, Md. | July 9 '49. |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | July 12, 1949 | Our Lady | Medley Sub | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7-12-49 | Cavalier | Jas. L. Mattingley | Leonardtown, Md. |

Dr. G. S. Keiffer

RECEIVED
JUL 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

P6608

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 213 S. Taylor Ave

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Md COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 213 S. Taylor Ave.

**3. NAME OF DECEASED** (Type or Print): (First) Elizabeth (Middle) Stuckratter (Last)

**4. DATE OF DEATH**: (Month) July (Day) 10 (Year) 1949

**5. SEX**: F

**6. COLOR OR RACE**: W.

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Wid.

**8. DATE OF BIRTH**: Nov. 8- 1866

**9. AGE** last birthday: 82 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: at home

**11. BIRTHPLACE** (State or foreign country): Balto Md

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME**: Nicholas Rosa

**14. MOTHER'S MAIDEN NAME**: Unk

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) | (If year, give war or dates of service)

**16. SOCIAL SECURITY NO.**: none

**17. INFORMANT**: mrs. Al Edel

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

422.1 **Immediate cause** (a) Cerebral Apoplexy — Interval Between Onset and Death: Sudden

**Antecedent cause(s)**
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Cardio-Vascular disease — 2 yrs
(c)

**II. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to July 10, 1949, that I last saw the deceased alive on July 10, 1949, and that death occurred at 7.30A m., from the causes and on the date stated above.

SIGNATURE: G M Baumgardner | (Degree or title) M.D. | ADDRESS Balto 6 Md. | DATE SIGNED 7-10-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 7/13/49 | NAME OF CEMETERY OR CREMATORY: Oak Lawn | LOCATION (City, town, or county) (State): Balto., Co., Md.

DATE REC'D BY LOCAL REG.: July 13th 1949 | REGISTRAR'S SIGNATURE: Henry Crusse

24. FUNERAL DIRECTOR: Jno S. Connelly - 418 Eastern Ave. Balto 21 md. | ADDRESS

06609

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodholme Swimming Pool

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 17 Walker Avenue

3. NAME OF DECEASED (Type or Print) (First) Elmer (Middle) Franklin (Last) Sullivan
4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-27-'28
9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caddy
10b. KIND OF BUSINESS OR INDUSTRY Golf
11. BIRTHPLACE (State or foreign country) Baltimore Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph G. Sullivan
14. MOTHER'S MAIDEN NAME Mary Carey.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~World War~~ (If yes, give war or dates of service) 2
16. SOCIAL SECURITY No. 212-26-2878
17. INFORMANT Joseph G. Sullivan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Drowning-Accidental | 30 mins. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

929.4
183

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Swimming Pool (CITY OR TOWN) Pikesville, (COUNTY) Balto., (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-29-'49 2:45 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Went swimming at night & disappeared below water.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples Med. Exam. (Degree or title) M.D. ADDRESS Reisterstown, Md. DATE SIGNED 7-30-'49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 1, 1949
NAME OF CEMETERY OR CREMATORY Balto. National
LOCATION (City, town, or county) (State) Frederick Rd., Balto., Md.

DATE REC'D BY LOCAL REG. 7-30-49
REGISTRAR'S SIGNATURE Dr E E Nichols
24. FUNERAL DIRECTOR Frank H. Newell, ADDRESS Pikesville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
AUG 1 1949
BUREAU V. S.

06610

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 505 N. Parrish St., Balto.,23, Md.

3. NAME OF DECEASED (Type or Print) (First) GRANT (Middle) W. (Last) TABB

4. DATE OF DEATH (Month) July (Day) 25, (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 8-17-17

9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nathaniel Tabb

14. MOTHER'S MAIDEN NAME Sudie Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-2

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

902.0 Immediate cause (a) Crushing injury of lower cervical spinal cord. Occurred 3:AM on 7-22-49

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dislocation of 6th cervical vertebrae

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Baltimore City (COUNTY) (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) July 22, 1949 3:00 A.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Wooden Rail Broke to 4 ft. porch at home.

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒ *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE M.B. Davis M.D. (Degree or title) ADDRESS DATE SIGNED

M.B. DAVIS, M.D. Deputy Medical Examiner Dundalk, 22, Md. 7-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/29/49

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/28/49

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR 512 Carrollton av. ADDRESS Charles Cooper, Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

3 copies

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06611

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Arnold
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alsia
STREET ADDRESS (If rural, give location) C

3. NAME OF DECEASED (Type or Print): (First) FRANKLIN (Middle) M (Last) THOMAS

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: May 31 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Thomas

14. MOTHER'S MAIDEN NAME: Matilda Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Ruth Hurley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 24 hrs |
| 422.1 Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arterio sclerosis | Unknown |
| | (c) Arterio sclerotic C V disease | Unknown |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Flaccid paralysis legs (old) — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 July, 1949, to 27 July, 1949, that I last saw the deceased alive on 26 July, 1949, and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stephen Lee Magness M.D. ADDRESS: Catonsville 28 Md. DATE SIGNED: 7-27-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: July 30/49

NAME OF CEMETERY OR CREMATORY: St. Paul's

LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG. 8-1-49

REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: Edw A Tipton ADDRESS: Hampstead Md

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

06612

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk-n (Turner's) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner's Station
STREET ADDRESS (If rural, give location) 707 Avondale Rd.

3. NAME OF DECEASED (Type or Print) (First) ELMER (Middle) (Last) Thompson

4. DATE OF DEATH (Month) JULY (Day) 7 (Year) 1949

5. SEX M

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 8-20-01

9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Tazwell, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Thompson

14. MOTHER'S MAIDEN NAME Viola — Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Chronic Myocarditis — Not known

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said ~~Autopsy, Inspection or~~ Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J M B Davis MD (Degree or title) Dept Med. Exam. ADDRESS Dundalk 22 Md. DATE SIGNED 7/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 7/16/49 NAME OF CEMETERY OR CREMATORY Maple Cemetery LOCATION (City, town, or county) Tazwell Va. (State)

DATE REC'D BY LOCAL REG. July 14, 1949 REGISTRAR'S SIGNATURE W. M. Kelly Jr.

24. FUNERAL DIRECTOR Chas G Cooper ADDRESS 512 N Carrollton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 15 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Be 06613

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard, Md.
LENGTH OF STAY (in this place): 101 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp. Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 244 E. Federal St. ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) E (Last) TIMMERMANN, JR.

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-4-15

9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): stock clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William E. Timmermann Sr.

14. MOTHER'S MAIDEN NAME: Minnie Tull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ (If yes, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.: 216-03-8776

17. INFORMANT: Clinical Rec. Vets. Adm. Hosp. Ft. Howard, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

162 Immediate cause (a) Bronchogenic carcinoma, upper lobe, left lung with metastases to right lung and liver — unknown

47c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23, 1949, to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 12:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W.L. Fleck M.D. — ADDRESS: VAH FT. HOWARD, MD. — DATE SIGNED: 7-2-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial

DATE THEREOF: July 5, 1949

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): 5501 Frederick Ave. Balto. Md.

DATE REC'D BY LOCAL REG.: 7-5-49

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Howard Blight — ADDRESS: 6009 Harford Rd. Balto. Md.

Howard H. Blight, Jr.

M

06614

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 33

**1. PLACE OF DEATH:**

County Baltimore

City or town Holbrook
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Wards Chapel Road

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Holbrook
(If outside city or town limits, write RURAL and give nearest town)

Street No. Wards Chapel Road
(If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME** Minnie Christina Triplett

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married |

6.(b) Name of husband or wife Alva E. Triplett

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 26, 1881

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | - | 10 | ..... hrs. ..... min. |

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Clements Kaulfuss
13. Birthplace Austria

MOTHER
14. Maiden name Katherine Schafer
15. Birthplace United States

16. Informant Mr. Alva E. Triplett

Address Wards Chapel Road, Holbrook

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 9, 1949
(month) (day) (year)

Cemetery or crematory Mt. Olive Cemetery

Location Randallstown, Md.

18. Funeral director E. Willis Lamoreau

Address 4510 Liberty Heights Ave.

19. July 9th 1949 R. W.
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6-49 19..., at 7 20 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-1-49 19..., to 7-6-49 19..., and that I last saw her alive on 7-5-49 19...

Immediate cause of death Myocardial (delirium) failure (acute) — DURATION 5 days

Due to Hypertension

Due to Bronchitis - chronic

Other conditions arteriosclerosis

502.1
93d
(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE James G. Saffell
M. D. or other

Address Reisterstown Md. Date signed 7/7/49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 38

06615

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY — BALTIMORE; STATE — MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — Maryland; COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — Towson; LENGTH OF STAY (in this place) — 1½ Years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS — Towson Convalescent Home 301 Chesapeake Avenue | STREET ADDRESS (If rural, give location) — 2402 Roslyn Avenue ✓ |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| IDA | V. | TULL | July 13, | | 19 49 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. |
|---|---|---|---|---|---|---|
| Female | White | Widowed | Sept. 27, 1860 | 88 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Baltimore, Maryland | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Frederick Wasmus | Sarah McDonough |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | None | Cordelia P. Bockmiller |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Terminal Pneumonia | 1 week |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Sclerotic Arachnoid Hemorrhage | 2 yrs. |
| | (c) Hypertensive Cardio-Renal | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Vascular Disease | 10 yr. |

442
131a

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Oct, 1948, to June 13 1949, that I last saw the deceased alive on June 13, 1949, and that death occurred at 9:10 P m, from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Charles F. O'Donnell MD | 7301 York Rd Towson | |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | July 16, 49 | Druid Ridge Cemetery | Pikesville, Balto Co. Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| July 16th 1949 | R.W. D.W. Hedrick | William Cook, Inc. |

Evidence for addition of #18II shown on:

FILM No. G 121 AUG 24 1949

06616

# MARYLAND STATE DEPARTMENT OF HEALTH
# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No.

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital | STREET ADDRESS (If rural, give location) 2901 Springhill Avenue |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) DAVID | (Middle) | (Last) VENICK | 4. DATE OF DEATH | (Month) July (Day) 22, (Year) 1949 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH May 1907 | 9. AGE last birthday 42 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Baltimore, Maryland | 12. CITIZEN OF WHAT COUNTRY U.S.A | | |
| 13. FATHER'S NAME Charles Venick | | 14. MOTHER'S MAIDEN NAME Minnie ? Sonneborn | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | | |

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3 Immediate cause (a) Acute pulmonary edema

95c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute dilatation of heart

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyperpyrexia due to injection of pyrogen-containing solution. (8/24/49 - ams)

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George G. Merrill (Degree or title) MD — ADDRESS 700 Fleet St. — DATE SIGNED 7/23/49

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7-24-49 | NAME OF CEMETERY OR CREMATORY Mickro-Kodesh Cong. | LOCATION (City, town, or county) (State) Baltimore, Maryland |
| DATE REC'D BY LOCAL REG. 7/24/1949 | REGISTRAR'S SIGNATURE Med. Ex. Baltimore City Morgue | 24. FUNERAL DIRECTOR S. Levinson & Bros, 1124-26 W. North Ave. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUL 25 1949

06617

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesaco Park (Hermans cabins)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotch Plains
STREET ADDRESS (If rural, give location) 209 Williams St.

3. NAME OF DECEASED (Type or Print) (First) Mary S. (Middle) Wassman (Last)
4. DATE OF DEATH (Month) July (Day) 11 (Year) 49
5. SEX Fem.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feby 25/1902
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York City
12. CITIZEN OF WHAT COUNTRY? N.S.A
13. FATHER'S NAME Edward C Southard
14. MOTHER'S MAIDEN NAME Magdalene Southard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Ruth Ostrom, 209 Williams St Scotch Plains N.J

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion. Immediate

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Public place (CITY OR TOWN) Chesaco Park (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. McCarmine M.D. (Degree or title) Deputy Medical Examiner Balto Co. Dundalk 22 Md. DATE SIGNED 7/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Remove
DATE THEREOF 7/11/49
NAME OF CEMETERY OR CREMATORY Hollywood Memorial Cem
LOCATION (City, town, or county) Union, N. J. (State)
DATE REC'D BY LOCAL REG. 7/11/49
REGISTRAR'S SIGNATURE [illegible] Fedrich
24. FUNERAL DIRECTOR Howard N. Blight Jr. 6009 Harford Rd. ADDRESS Balto-Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

06618

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

**1. PLACE OF DEATH:** Balto

County

City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md County A A Co

City or town Orchard Beach
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

**3. (a) FULL NAME** Sallie E. White

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widow |

6.(b) Name of husband or wife

6.(c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) April 25, 1867

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 82 | | | hrs. min. |

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name ? Phillips
13. Birthplace Virginia

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mr Lee White

Address Orchard Beach, A.A.Co.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/11/49 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Annapolis Blvd

18. Funeral director John F Denny Inc

Address 715 Light St

19. 7-11 1949 (Date rec'd by registrar) L. D. Hedrick Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 8 July 1949 at 3 15 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 5 1948 to 8 July 1949 and that I last saw her alive on 4 July 1949

| Immediate cause of death | DURATION |
|---|---|
| Arteriosclerosis, cerebral + generalized | Unknown |
| Due to | |
| Due to | |
| Other conditions Cerebral softening | |
| 334 Senility | Unknown |

(Include pregnancy within 3 months of death)

83c

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Stephen Lee Magness MD M. D. or other

Address 8 Sulz Catonsville Date signed 7-8-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH Be 06619

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; MARYLAND; LENGTH OF STAY (In this place) 4 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Bunker Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural, give location) 2020 Eutaw Place

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | Otis | H | Williams | | July | 20 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | married | 10-26-1892 | 56 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Floor Finisher | | Lake Placid, N. Y. | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Arthur Williams | Minnie Otis |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | 136-03-7376 | Mrs. Otis H. Williams |

### 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 **Immediate cause** | (a) Heart disease coronary occlusion | Sudden 7/20/49 |
| 93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☑ |

| 21. EXTERNAL CAUSE WAS not PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Rollin C. Hudson M.D. | M.D. Towson Md | 7/20/49 |

| 23. ~~BURIAL~~ CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| | July 23/49 | Loudon Park | 3811 Frederick ave |

| DATE RECD BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/22/49 | R.W. Hedrick Jr. | John D. Mitchell & Sons | 1900 Eutaw Place |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

06620

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 66 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp. Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 886 W. Fairmont Ave.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| ROBERT | - | WILLIAMS | July | 25 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Colored | Single | 3-6-93 | 56 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Truck Helper | | Cowllington, Maryland | USA |

13. FATHER'S NAME: Thomas Williams

14. MOTHER'S MAIDEN NAME: Meriah Tyler

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| Yes | WW I | 217-03-4449 | Clin.Rec.Vets.Adm.Hosp.,Ft. Howard, Md. |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Carcinoma of bronchus to right upper lobe | 8 Months |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Huge abscess in upper lobe of right lung | Unknown |

163

47a

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from 5-20-49, 19..., to 7-25, 1949, that I last saw the deceased alive on 7-25, 1949, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| W.L. FLECK, M.D. | Act. Chief Pro. Ser. | VAH, Ft. Howard, Md. | 7-26-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 7/27/49 | Baltimore National | Baltimore, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 7/27/49 | A. W. Hefner | Charles R. Law, 802 Madison Ave.,Balto.,Md. |

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06621

## CERTIFICATE OF DEATH

Reg. Dist. No. 40

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Notch Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Notch Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME:** Sister Mary Magdalen de Pazzi Willinger

**3.(b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Single |

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 3, 1877

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 2 | 24 | hrs. min. |

9. Birthplace: Baltimore (Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

FATHER — 12. Name: Thomas Willinger

13. Birthplace: Baltimore

MOTHER — 14. Maiden name: Gertrude Lipp

15. Birthplace: Baltimore

16. Informant: Sr. Mary Clara

Address: Notch Cliff

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29 1949 (month) (day) (year)

Cemetery or crematory: Notch Cliff

Location: Glen Arm

18. Funeral director: Geo. McGuire Son

Address: 811 N Wolfe St

19. 7/27/49 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1949, at 6.10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1944, to July 27 1949

and that I last saw h[illegible] alive on July 26 1949

| Immediate cause of death | DURATION |
|---|---|
| Cerebral Thrombosis | 5 days |
| Due to | |
| Due to 332 | |
| 836 | |
| Other conditions Arteriosclerosis & Hypertension | |

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address Date signed

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 3 1949
BUREAU V. S.

06622

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. H

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk P-O
STREET ADDRESS (If rural give location) 106 Norris Lane

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) WOZNIAK (Last) or Jadwiga
4. DATE OF DEATH (Month) July (Day) 2 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 1879
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME dont know
14. MOTHER'S MAIDEN NAME dont know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Frank Wozniak

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 420.1 | Immediate cause | (a) Pulmonary Oedema | 2 weeks |
| 131a | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary Thrombosis | 1 week |
| | | (c) Hypertension + Chronic | 2 |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interstitional Nephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1949, to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 3 P.m., from the causes and on the date stated above.

SIGNATURE M. A. Jacobs (Degree or title) MD. ADDRESS 617 North Point Rd DATE SIGNED 7/2/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE 7-6-49 NAME OF CEMETERY ~~OR CREMATORY~~ Holy Rosary LOCATION (City, town, or county) Baltimore Co. (State) Md

DATE REC'D BY LOCAL REG. 7-5-49 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR George A Weber ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06623

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Sanford Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 5 Sanford Ave.,

3. NAME OF DECEASED (Type or Print): (First) May (Middle) B. (Last) Wright

4. DATE OF DEATH: (Month) July (Day) 12, (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 1, 1888

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stephen J. Anderson

14. MOTHER'S MAIDEN NAME: Mary J. Cosgrove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Harry L. Nonemaker 5 Sanford Ave.,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure - Malignant Hypertension — Interval Between Onset and Death: 1 wk

299 Antecedent cause(s)

762 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uncharacterized Blood Dyscrasia — 2 mon.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10, 1948, to 7-12, 1949, that I last saw the deceased alive on 7-11, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James Stowell M.D. — ADDRESS Catonsville — DATE SIGNED 7-14

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7-15-49. — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county): Baltimore — (State): Md.

DATE REC'D BY LOCAL REG. 7/14/49 — REGISTRAR'S SIGNATURE A. W. Hedgus

24. FUNERAL DIRECTOR: G. Howard Strong — ADDRESS: 3207 W. North Ave.,

06624

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6700 WINDSOR MILL Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 6700 Windsor Mill Road

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) CECILIA (Last) ZIMMERMAN

4. DATE OF DEATH (Month) JULY (Day) 24 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH APRIL 24, 1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN SUBOCK
14. MOTHER'S MAIDEN NAME JOSEPHINE SCHAIBLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT MRS EDNA PIEL - SISTER

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 Immediate cause | (a) CONGESTIVE HEART FAILURE | MAY 15, 1949 |
| 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) CORONARY OCCLUSION | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 15, 1949, to JULY 24, 1949, that I last saw the deceased alive on JULY 22, 1949, and that death occurred at 9:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edwin E. Pierpont, M.D. 8027 LIBERTY Rd. BALTO. 7, Md. Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/27/49
NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.
LOCATION (City, town, or county) (State) Randallstown-Md.

DATE REC'D BY LOCAL REG. 7/26/49
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Phillis Lamoreau
ADDRESS 4510 Liberty Hgts Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15